OFFICE REGIONAL DE LA SANTE DES PARCS

PARKLAND REGIONAL HEALTH AUTHORITY

2000/01

ANNUAL REPORT

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Vision

"Individuals, families and communities achieving the best possible health and wellness."

Mission

"To ensure that the Region's individuals, families and communities have access to a full range of health services."

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MESSAGE FROM THE CHAIR OF

René Maillard
Board

It is with pleasure that I present, on behalf of the Governing Board, the Parkland Regional Health Authority, our fourth Annual Report. This report covers the fiscal year from April 1, 2000 to March 31, 2001.

Under the Regional Health Authorities Act, the duties and responsibilities of the Health Authority are:

- To promote and protect the health of the population;
- To assess health needs in the Region on an ongoing basis;
- To develop objectives and priorities for the provision of health services which meet the health needs in the Region;
- To prepare and implement a Regional Health Plan;
- To review and revise the Regional Health Plan at least once a year and more frequently if required;
- To manage and allocate resources in accordance with the Act, Regulations and the Regional Health Plan;
- To ensure prescribed health services are provided or made available;
- To comply with and ensure compliance with standards;
- To ensure that there is reasonable access to health services;
- To ensure health services are provided in a manner which is responsive to the needs of communities and which coordinates and integrates health services and facilities;
- To cooperate with other persons to coordinate health services and facilities in the Province and to achieve Provincial objectives and priorities;
- To comply with any directions given by the Minister; and,
- To monitor and evaluate the delivery of health services and compliance with prescribed standards.

In addressing these responsibilities, the Parkland Health Region is faced with many challenges. Our health system has undergone major changes through the transfer of responsibility from Manitoba Health to the Regional Health Authority. This transition is ongoing and much work is still needed to ensure that we continue to provide high quality and affordable services to meet the health needs of the residents and many visitors of the Region.

Over the past year, our Board has worked diligently to address the issues and concerns surrounding health and health care delivery in the Region, working as a team reviewing and revising the governance policies of the Region; communicating with our communities through our open public meetings, our District Health Advisory Councils, and our regular meetings with representatives of the towns and municipalities of the Region.

The Board continues efforts to strengthen communication with its Advisory Councils, working mostly through the Board's Community Relations Committee. A pastoral care informational session, for persons interested in spiritual care, was held in the Region. The Regional Spiritual Advisory Council held its inaugural meeting in conjunction with the session.

The Board also held a special meeting with its Advisory Councils to get input on the Accreditation process.

During the last year, the Board held a "Retreat" to review and amend its Ends Policies. Ends are the measurable goals, impacts and outcomes that the Board wants to achieve.

There were a few notable milestones in the Region during the year. The Dauphin Regional Health Centre celebrated its 100th Birthday in February. The Dauphin Auxilians recognized its 100th Anniversary with a Tea. The Grandview Personal Care Home and Dr. Gendreau Personal Care Home in Ste. Rose held 25th Anniversary Celebrations during the year.

As part of its last Annual Meeting, the PRHA invited Dr. Heather Hunter, of the Healthy Child Initiative, as a guest speaker. The Healthy Child Initiative focuses on the development of parent-child centres, programs, and education and prevention

strategies to help provide children with safe, stable and nurturing environments.

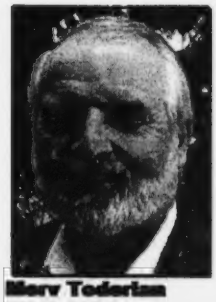
We strive to make our meetings and our Board accessible to the public. I encourage you to attend and to make your views on health and health issues known to the Board. All of the PRHA's regular meetings are open to the public and we rotate the venue of our meetings throughout the Region.

I commend my fellow Regional Health Authority Board members for the effort, commitment, and dedication to the task that they have demonstrated in carrying out their duties and responsibilities over the past year.

As my tenure as Chair came to an end March 31, 2001, I would like to wish the new Chair Merv Toderian and the Board, all the best in future endeavors.

On behalf of the Board, I thank the management, staff and volunteers of the Authority for commitment that they bring to their work.

René Maillard
Chairman



Merv Toderian
Board Chairperson
Effective April 01, 2001

As the new Chair of the PRHA, I would like to take this opportunity to thank outgoing Board members René Maillard (Chair), Melvin Graves (Vice-Chair), Bill Kushniryk, Joseph (Sonny) Klyne and Bjarni Sigurdson for their contributions to the RHA during their terms. I welcome new members (appointed April 1, 2001) Gordon Bishop, Monica Black, Leo Campbell, and Terry Vopni.

I would especially like to thank René Maillard for the admirable job he has done in leading this organization since his appointment as Chair of the PRHA in 1996. His credibility and professionalism has allowed the PRHA to position itself through the growing pains of Regionalization and has provided a solid base to continue our dedicated work to develop health objectives and priorities that meet the needs of the Parkland population.

Merv Toderian
Chairman (effective April 01, 2001)

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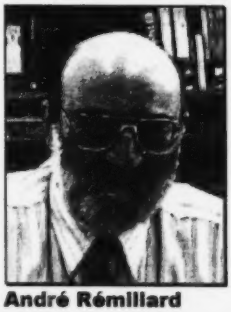
MESSAGE FROM THE CHIEF EXECUTIVE



André Rémillard
Chief Executive Officer

It is with pleasure that I submit the 2000/2001 Annual Report for the Board's consideration. During its fourth year of operations, the Parkland Regional Health Authority has been challenged to seek more effective ways of delivering health services to meet the needs of communities within our Region. In order to maintain health, prevent illness, and prevent the need for costly institutional service, we must continue to shift emphasis from institutional services to programs and services that support people in their homes, promote health and wellness, prevent injury and illness, and encourage individuals to take personal responsibility for their health and well being.

In order to achieve Parkland Regional Health Authority's Vision, **"Individuals, Families and Communities Achieving the Best Possible Health and Wellness"**, we must continue to not only emphasize the treatment of the sick, injured, and infirm, but we must also recognize the need for the promotion of health and wellness and the prevention of injury and illness.

All of the achievements and accomplishments identified in this Annual Report have been through the significant efforts and contributions made by the staff and management of the RHA and its funded agencies. Little could have been done without their commitment to the Board and to our customers, the citizens of Parkland Region.

As well, we would be remiss not to mention the contributions made by the Region's Advisory Councils, Auxiliaries, and other volunteers. Without their gifts of advice, knowledge, time, and effort, our jobs would be much more difficult, our accomplishments fewer.

Even though this past year could be described as a status quo year, several important developments took place. Despite being involved in a year of financial and resource challenges, the PRHA did manage to finish the 2000-01 year with a small surplus.

Highlights for 2000/2001:
In reflecting on the activities of the fourth year of its operations, a number of significant events have taken place that bear mentioning:

- Preparation for our first Region-wide accreditation survey continued throughout the year. The survey is slated for the Fall of 2001. Fourteen regional teams have been evaluating the Region's programs and services against established national standards, identifying our strengths and opportunities for improvement, and prioritizing quality improvement plans. This initiative includes all of the Region's programs – those operated by the RHA as well as those operated by our non-devolved/funded partners;

- The Region purchased use of a Common Measurement Tool for a one-year period. The intent is to pilot the use of the tool in Emergency Departments as well as Home Care. The Tool measures program performance against client expectations. If successful, it may be rolled out to other programs and services;

- A new five-level triage system was implemented in emergency departments across the Region. This system classifies the level of illness/ acuity in specified levels of severity;

- As part of the Minister of Health's Five Point Plan for Nursing, the PRHA formed a joint Union/ Management Committee to administer funds designated by the Provincial Nursing Recruitment and Retention Fund. The Region participated in the Province's Offshore Nursing Recruitment Initiative. The goal was to attract a small number of qualified Philippine Nurses to the Region by April 2001;

- The PRHA worked with representatives of Assiniboine Community College to plan and implement the Licensed Practical Nursing Program for the Parkland Region. The PRHA also had ongoing discussions with West Region

Tribal Council, and ACC to see what could be done to assist WRTC in its special LPN educational initiative, due to commence in the fall of 2001;

- Established the first digital transmission link between two Computed Tomography scanners in Manitoba. Dauphin and Brandon are connected via the Provincial Data Network (PDN). This allows quick transmission of scans to the Radiologists in Brandon for consultation and emergency response when necessary;

- Installed the MIDAS (Medical Imaging Digital Archiving System) for the acquisition, storage and digital transmission of Ultrasound images. The system allows immediate transmission of ultrasound cases from the traveling service to and from either Dauphin or Brandon and improved response to reporting results;

- Planning for the Swan River Health Centre got underway. A Functional Program, which provides details of space and services, was developed through a consulting firm in conjunction with the PRHA, Manitoba Health and Swan Valley Health Facilities. The Functional Program has been submitted to Manitoba Health and awaits approval;

- As a result of mould growth that was located at the Dauphin Regional Health Centre (DRHC) and Dauphin Community Health Building, several actions were undertaken. An environmental consultant firm was hired and released results of their investigation. It revealed that the DRHC required extensive remediation work, and that the Dauphin Community Health Building be closed. This was confirmed with Manitoba Health and the Medical Officer of Health. A three-year Lease Agreement was signed to allow Community Health to move into the second floor of the Dauphin Federal Building. Manitoba's Capital Planning Branch and Government Services Branch approved financial assistance to proceed with remediation, building and roofing repairs required at the DRHC;

- Recognition Teas and Presentations occurred throughout the Region during the year, to recognize employees that reached milestone years since the advent of regionalization. The Region hosted its first dinner for retiring employees.

- Dr. David O' Hagan, the Chief of Staff of the Ste. Rose Hospital, was recognized with a prestigious award. Dr. O' Hagan was named Family Physician of the Year by the Manitoba Chapter of the College of Family Physicians;

- Acting on recommendations by Advisory Councils, Community Consultation Sessions were held in various locations in the Region. Sites included McCreary, Gilbert Plains, Winnipegosis, Ethelbert, Dauphin, Grandview, San Clara, Roblin, Swan River and Ste. Rose;

- In the ongoing effort to keep the public informed, the "Community Links" Newsletter is published three times annually. This newsletter provides a clearer picture to the public on important and timely health issues. A staff/physician information letter, "Regional Link", is published quarterly. This newsletter updates health workers in the Region on workplace, training and health information;

- The PRHA hired a new Vice-President of Facilities during the year. Mavis Wood commenced her new duties August 1, 2000. Her portfolio includes Diagnostics, Emergency Services, Acute and Long Term Care Facilities;

- A Community Relations Coordinator was hired. The objective is to improve communication and share ideas with various partner groups and stakeholders in the Region. A greater effort to highlight information about the PRHA will be made with various local media;

- The PRHA met with community and municipal representatives from Dauphin and Ste. Rose to discuss Request for Proposals for an Office of Rural and Northern Health in Manitoba. The PRHA submitted two separate

proposals on behalf of those communities late in the fiscal year;

- There were three announcements by the Province that would affect the PRHA and funded agencies in 2000-01. In August 2000, proposed legislation, designed to protect Manitobans in Hospitals and Personal Care Homes, from abuse, received Royal Assent. In preparation for the Protection of Persons in Care Act, Manitoba Health and the PRHA provided in-service training to Acute Care and Personal Care Home Managers. In December 2000, the Manitoba Government announced it will add 15 training positions for medical students and outlined a five-point plan to address the challenge of recruiting and retaining physicians in Rural and Northern Manitoba. In February 2001, the Province announced it was investing $7 million in 80 new ambulances around the Province. Nine are slated to arrive for the PRHA to distribute later in the year; and

- The Ethelbert/ Pine River Community Health Resource Centre entered its second year of operation. This nurse-managed program provides community development, health education, injury and illness prevention and well as acting as a centre for primary care and a visiting physician. Work continues in the Region to use the successes of the Ethelbert/ Pine River CHRC, as a model for other under-serviced communities in the Region.

Challenges for 2001-2002
Looking forward to the next fiscal year, a number of challenges are apparent:

- Recruitment and retention of qualified health professionals (physicians, nurses, audiologists, physiotherapists, occupational therapists, ultrasound/laboratory and diagnostic imaging technologists to name a few) remains a constant challenge. Excessive staff workloads along with limited resources will continue to impact on the PRHAs ability to achieve desired outcomes;

- Reviewing the blueprint stage and eventual construction stage surrounding the new Swan River Health Centre;

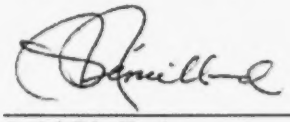
- Planning for a new Community Health Services Building will continue into the year, as space and service requirements will be reviewed with Manitoba Health;

- Three new initiative proposals for consideration, were submitted to Manitoba Health as part of the PRHAs 2001- 2004 Strategic Plan, which was submitted in the summer of 2000. Implementation of these initiatives are contingent upon funding approval by Manitoba Health. They include: expansion of the Regional Therapy Program, the Parkland Wellness Promotion Program and a Staff Development initiative; and

- Continue to develop Non-transport First Response Services to interested communities in the Region.

It is with pleasure that I have served the Board and residents of the Parkland Region over the past year. In identifying the Region's accomplishments and progress in 2000-01, I acknowledge that our successes have been because of the many dedicated and committed employees and volunteers with whom our Region is blessed. I thank them for their contributions and diligence.

Respectfully submitted,



André Rémillard
Chief Executive Officer

EXECUTIVE

On April 1, 1997, Parkland Regional Health Authority assumed responsibility for the planning and delivery of health services to meet the needs of the population of the Region.

In four short years, much has been accomplished. This report chronicles the activities and accomplishments of the fourth year of our operation, 2000-2001.

The Health Status section of the report describes the Region's health status using health indicator data provided to or collected by the Regional Health Authority and is based on Manitoba Health's Provincial Health Indicators. In summary, compared to the rest of the Province:

- The premature mortality rate is higher than the Provincial average;
- Life expectancy at birth compares favorably;
- Standardized mortality rates are sixth highest in the Province;
- Infant mortality rate is lower;
- Low birth rate is lower than the Provincial average while high birth weight rate compares favorably;
- Whereas Parkland's suicide rate is the highest in the Province and psychiatric hospitalizations are higher than elsewhere, our population scored highest on a psychological well-being scale and had much shorter psychiatric hospitalizations than other regions;
- Childhood immunization rates are better;
- Teen pregnancy rates are comparable;
- Cervical Cancer screening rates are lower;
- Mammography screening rates are one of the best in the Province;
- Smoking rates are about the same;
- More of our population is obese compared to the Provincial average;
- Two-thirds of our population are not active enough to achieve health benefit from their activities;
- In terms of hospital services, we have 42% more physicians and 65% more hospital beds than other rural/northern regions. Despite being relatively healthy, we are hospitalized 14% more frequently and use 18% more days than the rural average.

2000-2001 Year's Activities section identifies activities and progress of the Authority in each of the Region's Core Service Areas. Highlights include:

Health Promotion/Education:

- A number of community and staff initiatives are listed.

Health Protection:

- Recruited a Regional Communicable Disease Coordinator;
- Increased the rate of Influenza Immunization to citizens including health care workers, by 22.3 per cent from the previous year;
- Participated in the first year of the new Pneumococcal Program.

Prevention and Community Health Services:

- Continued to provide a number of Community Health programs in partnership with other agencies;
- Hired a Community Diabetes Educator.

Treatment Services:

- Functional Program, for space and service requirements for new Swan Valley Health Centre, was completed and submitted to Manitoba Health;
- New medical clinic in Winnipegosis Hospital opened in October.

Emergency Health Services:

- Recruited a Regional EMS Education Coordinator to meet the training needs of all EMS providers.

Diagnostic Services:

- Established first digital transmission link between two CT scanners in Manitoba. Dauphin and Brandon are connected via the Provincial Data Network;
- Installed the Medical Imaging Digital Archiving (MIDAS) system for acquisition, storage and digital transmission of Ultrasound images.

Developmental Rehabilitation:

- Physiotherapy saw 1,883 patients;
- Occupational Therapy saw 892 new patients;
- Speech Therapy saw 127 new patients.

Home Based Care:

- Admitted 679 individuals to the Home Care Program;
- Paneled 185 individuals for Personal Care Home placement;
- A total of 1,791 individuals received Home Care Services during the year;
- Trained Home Care Case Coordinators and Community Health Nurses in the new Home Care Program Nutrition Guide.

Long Term Care:

- Developed Regional Resident Bill of Rights.

Mental Health Services:

- Recruited a Ph.D. Trained Clinical Psychologist;
- Implemented the Regional Mental Health Toll Free Crisis Line.

Palliative Care:

- Initiated a Palliative Care training program for 82 support workers in the Region
- Established a Palliative Care area in the Winnipegosis and District Health Centre for patients and family.

Medical Services:

- Supported and endorsed proposals from Ste. Rose and Dauphin for new Provincial initiative concerning an Office of Rural and Northern Health.
- Established a contract for a part-time Regional Medical Director of Emergency Medical Services.

BOARD OF

René Maillard
Chairperson
Ste. Rose du Lac
Involved in various past and present business activities. President of Dauphin Broadcasting, Mayor of the Village of Ste. Rose, Member of the Appraisal Institute of Canada.

Evelyn Ryz
Dauphin
Legal secretary at Dawson's Law Office in Dauphin.

Diane Kichuk
Minitonas
Past member of the Minitonas Arena Board. Current Board member at local church.

Tanya Lynn Edgar
Winnipegosis
Presently employed as the Student Services Coordinator at Duck Mountain School Division.

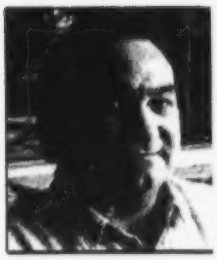
Dr. James Compton
Dauphin
Retired physician. Involved in numerous boards in the City of Dauphin over the past 11 years. Presently Chairman of Dauphin General Hospital Foundation and President of the Dauphin Chapter of the Heart and Stroke Foundation of Manitoba.

William Kushniryk
Swan River
Former manager of a Texaco bulk business, former Postmaster in several communities, Council member of Benito, Treasurer for the Benito Drop In Centre, past member of the Rossburn & District and Swan Valley Health Centre Boards.

Bjarni Sigurdson
Ste. Rose
Former Reeve and Councilor on the L.G.D. of Alonsa. 15 years on the Ste. Rose & District Ambulance Board, 17 years as Chairman of the Ste. Rose Vet Board, 10 years on the Board of the Ste. Rose Hospital. Is on the Regional Occupational Service Enterprise Inc. (ROSE) Board in Ste. Rose. Presently looking after the Imperial Oil Bulk Station in Dauphin.

Mel Graves
Grandview
Former High School Teacher (English, History) retired School Superintendent, former member of a variety of Provincial Curriculum Committees.

Sonny Klyne Camperville
President Northern Association of Community Councils; Mayor of Camperville, Manitoba; Chairman of the Manitoba Metis Local Camperville, Manitoba; Vice Chair of Duck Mountain School Division #34; President of the Camperville Head Start Program; Co Chair of the Northern Manitoba Round Table; member of the Advisory Committee on Louisiana Pacific. Past member of both Swan River Friendship Centre and Dauphin Friendship Centre; Past Acting Chair of the Northern District Health Advisory Council. Previously employed as an RCMP officer as well as a social worker for the Province of Manitoba.



Samuel Voisey Dauphin
A resident of Dauphin for 12 years. Was born and raised in Churchill Manitoba. Sam has lived and worked throughout Manitoba, Northern Ontario and Nunavut. Presently working for Anokiiwin Training Institute. Sam has also served as a past Board Member on various committees and organizations in Dauphin.

Anna Stewart Roblin
Formerly, Board Member of the Roblin District Health Centre and Director of the Manitoba Health Organization for 10 years. Graduate Health Care Administration, University of Saskatchewan. For the past 13 years employed as the Community Resource Coordinator for Roblin District Community Help Centre. Has a career background as a public relations consultant and teacher and is an Accredited Member of the Canadian Public Relations Society. Anna lives with her family on a farm north of Roblin which has been The Stewart Family Homestead for almost a century.

Henry Borne Dauphin
Retired farmer. Former school trustee for Duck Mountain School Division #34. Chair for 4 years. Former member of Keystone Ag Producers for eleven years. Chair of District 11 for 4 years. Executive Member for 3 years

Mervin (Merv) Toderian
R.M. of Ochre River
Geologist. Member of the Association of Professional Engineers & Geoscientists of the Province of Manitoba. Past Chair – Burntwood Regional Health Authority. Past Chair – Manitoba Health Organizations Inc. Past Chair – Thompson General Hospital.

BOARD GOALS AND

BOARD GOALS AND ACTIONS TAKEN:

During 2000/2001, the Board undertook a review and revision of its Ends policies with the following Ends being adopted and/or re-affirmed:

The Vision of Parkland Regional Health Authority Is:

Individuals, Families and Communities Achieving the Best Possible Health and Wellness.

In pursuit of this vision, the Authority exists so that there will be:

Treatment and Care for the Ill and Injured (E-2)
Healthy Lifestyles (E-3)
Healthy Environments (E-4)
Optimal Quality of Life (E-5)

E-2 Treatment and Care for the Ill and Injured

In order of priority, **"Treatment and Care for the Ill and Injured"** is interpreted to include but is not limited to:

1. Residents receive effective care, treatment, and education.
   1.1 With specific emphasis on diabetes and cardiovascular disease, residents with chronic diseases have knowledge and skills to actively manage their disease/injury and prevent complications.

2. Residents receive timely care.
   2.1 Residents receive timely, effective response to emergencies and illness.
      2.1.1 Pre-hospital care is available within 30 minutes for 90% of the population.

3. Residents receive appropriate care in the right setting.

4. Residents return to an optimal level of functioning in a timely manner.

5. Health facilities and services are prepared to respond to possible disasters.

E 3 Healthy Lifestyles

In order of priority, the End, **"Healthy Lifestyles"** is interpreted to mean that individuals, families, and communities will make informed choices for health. It includes, but is not limited to:

1. With emphasis specifically on high risk groups, children have opportunity for healthy growth development:
   - 1.1 Decreased incidence of fetal alcohol syndrome;
   - 1.2 Decreased incidence of smoking in prenatal women;
   - 1.3 Increased incidence and duration of breast feeding;
   - 1.4 Immunization rate of two year old children increased to 90%;
   - 1.5 Increased parenting skills;
   - 1.6 Improved nutrition;
   - 1.7 Decreased accidental injuries among children and youth;
   - 1.8 Increased physical fitness of youth and children;
   - 1.9 Decreased incidence of low and high birth weight babies;
   - 1.10 Early identification of deviations from optimal growth and development;
   - 1.11 Decreased incidence of suicide.

2. Increase in numbers of residents with healthy eating and fitness habits:
   - 2.1 Decrease in new cases of diabetes and cardiovascular disease.

3. People participate in opportunities for early detection of disease:
   - 3.1 At risk population participate in appropriate screening:
     - 3.1.1 Increased participation in mammography screening;
     - 3.1.2 Increased participation in cervical screening;
     - 3.1.3 Increased participation in PSA testing.

4. Decreased incidence of teen pregnancies.

5. Decrease in addictions:
   - 5.1 Decreased use of tobacco products particularly with youth.

6. Reduction in preventable communicable diseases.

7. Decrease in preventable injuries:
   - 7.1 Decrease in injuries from agriculture accidents and chemical poisonings.

E-4 Healthy Environment

In order of priority, the End **"Healthy Environments"** is interpreted to mean the physical environment and is to include, but is not limited to:

1. Reduced incidence of respiratory disease.

2. Decrease environment-related disabilities/diseases:
   - 2.1 Public awareness of preventive measures for Hanta virus and Lyme disease;
   - 2.2 Decreased incidence of giardiasis, cryptosporidia and shigella.

3. Increased number of public buildings free of environmental tobacco smoke;

4. Safe disposal of biomedical waste.

E-5 Optimal Quality of Life

In order of priority, the End **"Optimal Quality of Life"** is interpreted to include, but is not limited to:

1. Community members remain independent and active as long as possible.
   1.1 Improved nutritional status of seniors.
   1.2 Seniors are active and independent (mentally and physically).
      1.2.1 decreased incidence of falls among seniors
   1.3 Seniors have community and facility-based care appropriate to their needs.

2. Palliative Care Program be established:
   - (Improved quality of life for the dying and their family/significant others).
   - Individual is able to make informed decisions about his/her death experience.
   - Increased options for choice of location for dying.

3. Residents experience social and emotional well-being.
   3.1 Healthy, safe home environments.
      3.1.1 Decreased incidence of family violence.
   3.2 Decreased incidence of suicide.

Specific to the Ends policies, the Board receives monitoring reports on the status of progress towards these Ends. These monitoring reports provide an overview of the organization's activities relative to each End and identified gaps, inconsistencies, and plans in response to these over the next period of time.

On their part, the Board reviews the organization's progress towards its declared Ends, determines whether or not progress is satisfactory, and evaluates the CEO's (and the organization's) performance based on these results. As well, the Board may review and/or modify the Board's Ends and expectations for the following reporting period.

HEALTH AUTHORITY

All of the Parkland Regional Health Authority's regular meetings are open to the public and we rotate the venue of our meetings throughout the Region in order to make our meetings and our Board accessible to the public. The time, date and location of these meetings is advertised in the meeting's vicinity two weeks prior to the meeting date. Members of the public and special interest groups may make presentations to the Board by appointment.

In conjunction with its regular meetings, the Board also hosts informal meetings with representatives of the Region's municipalities when in their locales. This allows municipalities to express their views and concerns informally as well as formally. As well, twice annually, the Board meets with each of its Advisory Councils on a face-to-face basis.

In the interests of strengthening relationships and communications, the Board established a Community Relations Committee. This Committee provides recommendations to the Board relative to the Board's communication with its shareholders, advisory councils, municipal and Provincial politicians, and the general public.

Three "Community Links" newsletters were published and delivered to all households in the Parkland Region during the 2000-2001 fiscal year. This newsletter covers health issues and concerns, communicates the Regional Health Authority's activities, and provides a vehicle to impart knowledge to the general public on injury and illness prevention and on health promotion.

A staff newsletter, "the Regional Link", was published quarterly and is used as a vehicle to communicate with staff, physicians, and funded agencies in the Region. Topics covered in this publication include staff education announcements, work place health and safety issues, legislative and policy introduction (such as the Personal Health Information Act), and staff awards and recognition.

The Parkland Regional Health Authority's website (www.prha.mb.ca) contains information on the Board, Board minutes, Board By-Laws, Advisory Councils, meeting schedules, media releases, Community Health Assessments, and policies.

HEALTH STATUS

The following data provides information that is used to describe and track the health of the Parkland population. Wherever possible the data presented is from 2000-2001 and updates previous report information. In some areas the information is collected from National surveys that are repeated every four years.

Research has identified several key factors that influence population health. These include our lifestyle practices, healthy childhood development, education level, social support, employment and working conditions, physical environment, income, genetic make-up, and health services. The following indicators have been selected to provide a snapshot of the health status of residents of the Parkland Region.

Definitions:
Crude rates refer to the actual number of cases observed for a defined population in a given time period.

Standardized rates are the number of cases that would be observed in the population if it had the same age composition as a reference or "standard" population. Rates in this report have been standardized to the 1990 Manitoba population. Standardization is used so that regions that have different population distributions can be meaningfully compared.

LENGTH OF LIFE:

Premature Mortality Rates

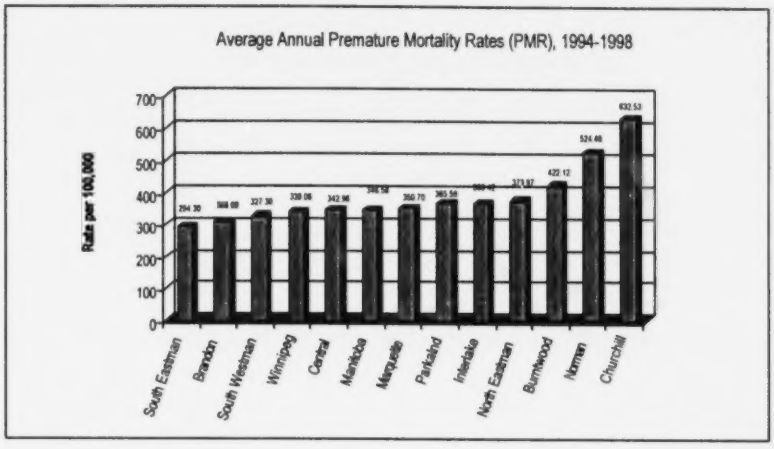
Death before age 75 is considered premature. The premature mortality rate indicates the rate of premature death among residents of the Region. It has been suggested as the best single indicator of health status capturing the need for health care. It is strongly associated with most of the self-reported health status indicators and physical measures used in the Health and Lifestyle Survey. In short, populations that have higher premature mortality rates are also more likely to report their health to be poor, to report a higher number of symptoms and to report being sick more often.

Average Annual Standardized Premature Mortality Rate:

	Premature Mortality Rate
Parkland Region	365.59/100,000
Manitoba	346.26/100,000

Source: Manitoba Health 1994-1998

The Parkland standardized rate is 365.59 premature deaths per 100,000 residents – the sixth highest rate of all the Regions in the Province.



Source: Manitoba Health 1994-1998

Life Expectancy at Birth

The longer the life expectancy, the healthier the population. It describes the experience of all people in the population, not just those ages 0 – 74 (as for the premature mortality measure). The Parkland Region's life expectancy for males is 73.8 years, and for females 79.8 years.

Potential Years of Life Lost

Leading causes of Potential Years of Life Lost in the Parkland Region (ranked from highest to lowest) are:

FEMALES:	MALES:
Motor vehicle traffic accidents	Ischemic heart disease
Ischemic heart disease	Suicide
Trachea/Bronchus & lung cancer	Motor vehicle traffic accidents
Breast cancer	Trachea/bronchus & lung cancer
Cerebrovascular diseases	Cancer of the large intestine & rectum
Suicide	Cerebrovascular diseases
Ovarian cancer	Non-Hodgkins lymphoma
Non-Hodgkins lymphoma	Diabetes
Accidental falls	Ill-defined/Unknown causes
Diabetes	Pneumonia and influenza

Source: Manitoba Health 1994 -1998

Ischemic Heart Disease accounted for 453 potential years of life lost for women, and 1,382 potential years of life lost for men from 1994-1998. Motor vehicle traffic accidents accounted for 575 potential years of life lost for women and 993 years for men.

DEATHS:

Standardized Mortality Rates

Standardized Mortality Rates include all deaths regardless of age. Average annual rates give us a more stable rate than would yearly rates.

Parkland	Manitoba
781.07/100,000	**752.52/100,000**

Source: Manitoba Health (1994-1998)

Parkland's rate is the sixth highest rate amongst Manitoba's twelve geographic Health Regions.

Infant Mortality Rates

Infant Mortality Rates have been calculated using data from the fiscal years 1995/96 to 1998/1999. On average, during the four-year period, the yearly rate of infant mortality for the Parkland Region was 4.34 per 1000 live births. The Manitoba rate was 6.94/1000.

Causes of Death

The ten leading causes of death in the Parkland Region:

WOMEN:	MEN:
Ischemic heart disease	Ischemic heart disease
Cerebrovascular diseases	Cerebrovascular diseases
Pneumonia & influenza	Trachea/Bronchus & lung cancer
Heart failure	Prostate cancer
Trachea/Bronchus & lung cancer	Pneumonia & influenza
Chronic Obstructive pulmonary disease	Chronic obstructive pulmonary disease
Breast cancer	Heart failure
Kidney diseases	Cancer of the large intestine & rectum
Diabetes	Diabetes
Cardiac dysrhythmias	Suicide

Source: Manitoba Health 1994-98

CONDITIONS AND DISEASES:

Birth Weight Rate

Low Birth Weight has been identified as a principal risk factor associated with infant mortality. High birth weight is a risk for complication during delivery and development of diabetes and obesity later in the child's life.

Cases per 1000 population	1998/1999 Parkland	1998/1999 Manitoba	1999/2000 Parkland	1999/2000 Manitoba
Low Birth Weight	34.2	52.2	33.6	51.6
High Birth Weight	155.8	154.3	170.3	161.9

Source: Manitoba Health 1999/2000

Definitions:
Incidence is the number of new cases occurring in a given time period. Prevalence is the number of existing cases in a given time period.
If concerted effort at detection takes place, incidence increases. However, early detection may lower morbidity and mortality.

Incidence of Selected Cancers

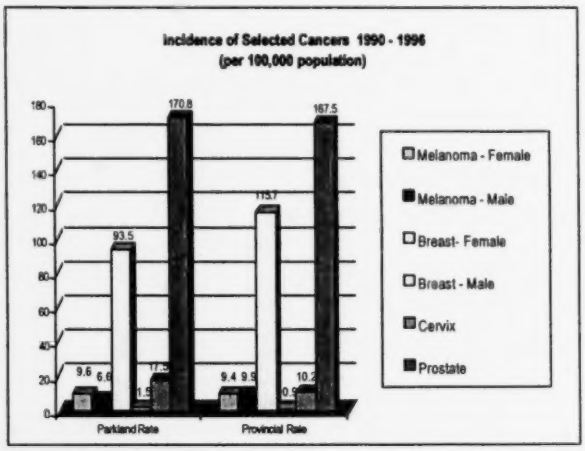
Data cited is from the most current statistics 1990 – 1996. Incidence may reflect the effectiveness of primary and secondary prevention efforts. The following are standardized incidence rates (per 100,000 population).

Melanoma –Parkland: 6.6/100,000 for males and 9.6/100,000 for females compared to Provincial rates of 9.9 and 9.4 respectively.

Breast –Parkland males: 1.5/100,000 population. The Provincial rate was 0.9. for Parkland women: 93.5 compared to the Provincial rate of 115.7.

Cervix –Parkland: 17.5, the third highest rate in the Province. The Provincial Value is 10.2 /100,000.

Prostate –Parkland: 170.8 compared to the Provincial rate of 167.5/100,000.

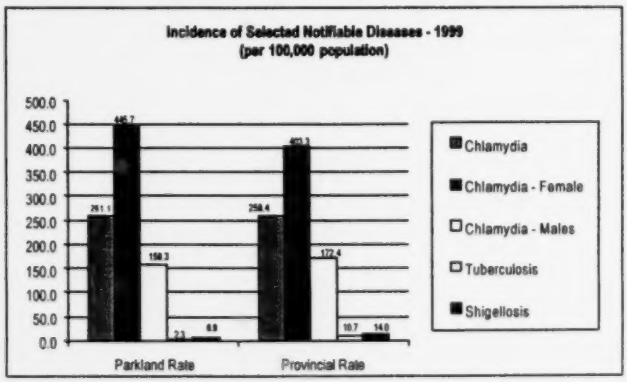


Incidence of Selected Notifiable Diseases

Chlamydia - Our Crude Rate (per 100,000) for 1999 was 261.1 compared to the Manitoba rate of 258.4. For the same year, the Crude Rate for females in the Parkland Region was 445.68 compared to 403.32 Provincially. The Crude Rate for Parkland males was 158.31/100,000 compared to the Manitoba rate of 172.42.

Tuberculosis - In 1999 the Crude Rate for tuberculosis in the Parkland Region was 2.30/100,000 compared to the Manitoba rate of 10.70.

Shigellosis - Our Crude Rate for shigellosis in 1999 was 6.90/100,000. This compares to a Manitoba rate of 14.0/100,000.



Incidence and Prevalence of Diabetes Mellitus
It is estimated that we have 3,248 people with diabetes living in our Region. Although diabetes is not a leading cause of death in the Parkland Region, it does account for a significant number of hospitalizations.

	Incidence	Prevalence
Parkland (total)	4.9/1000	48.3/1000
Manitoba (total)	4.0/1000	42.2/1000
Parkland (Treaty only)	19.7/1000	168.4/1000
Manitoba (Treaty only)	13/1000	140.8/1000

Source: Manitoba Health 1996

MENTAL HEALTH:

Psychological Well-being – Sense of Coherence Scale - The minimum score is 4 and the maximum score is 78. The higher the score, the higher the sense of psychological well-being. The average score, for individuals 18 years and older, in the Parkland Region was 62.76. This was the highest score in the Province. The Provincial average score was 59.11.

Suicide Rates - Parkland Region's average annual standardized rate of death due to suicide (1994-1998) is 18.23 per 100,000 population. The Provincial standardized rate for death due to suicide is 11.26 deaths per 100,000 population.

Psychiatric Hospitalizations – The most recent statistics (1999/2000) indicate that the Parkland Region rate for psychiatric discharges was 707 discharges/year/100,000 population. This compares to the Provincial rate of 476.48 psychiatric discharges.

DETERMINANTS OF HEALTH:

Childhood Immunization Rates
Data available indicates that Parkland's immunization rates compare favourably to the Provincial rate.

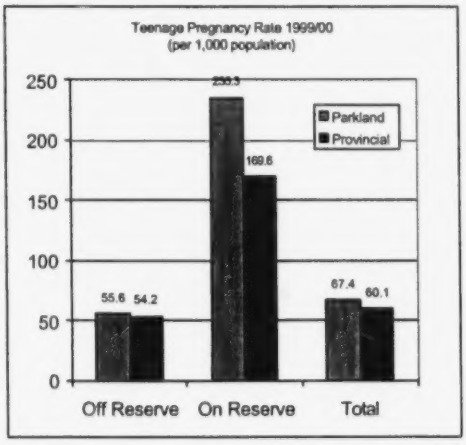
Children in Out of Home Care Approximately 1.14 % of children in the Parkland Region, 17 years and younger (off Reserve) are in the care of Family Services.

Teenage Pregnancy Rate (Rate per 1000)

	Municipalities Including Off Reserve First Nations	First Nations On Reserve	Total
Parkland Rate	55.6	235.3	67.4
Provincial Rate	54.2	169.6	60.1

Source: Manitoba Health 1999/2000

- Overall, Parkland teen pregnancy rate is 5th highest in province.
- Parkland had 81 pregnancies Off Reserve and 24 On Reserve – denominator affects rates.
- These rates are for women aged 15-19 years.



PERSONAL HEALTH PRACTICES:

Cervical Cancer Screening

In the three-year period of April 1998 – March 2001, the rate of Parkland women who had a Pap test done was 511.12/1000 compared to the Provincial rate of 596/1000.

Screening Mammography

Mammography screening may help detect breast cancer. The Parkland rate of mammography screening was 171/1000 for the period from April 1999 to March 2001. The Provincial rate for the same period was 126/1000. Access to the Mobile Screening Program has improved Parkland participation rates.

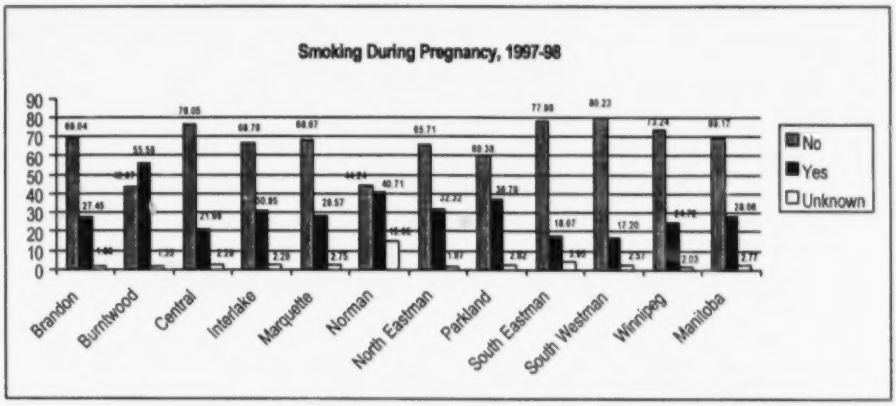
East District	Central District	West District	North District
166.9/1000	**175.5/1000**	**171.0/1000**	**166.3/1000**

Smoking Rates

24% of Parkland residents are regular smokers compared to 23% for Manitoba. The Parkland rate breaks down to 23.13% of females and 24.69% of males. Proportion of regular smokers by age:

15 – 25 years (24.28%);	25 – 44 years (33.51%);	45 – 64 years (26.25%);	65+ years (9.78%).

Smoking During Pregnancy
In the Parkland Region, 37.3% of women smoke during pregnancy. The Provincial rate of women smoking during pregnancy is 28.2%.



Source: Manitoba Health 1997-1998

Obesity Rates
In the Parkland Region, 13% of residents aged 15 years and older are obese compared to 11% Provincially. 26% of Parkland's residents aged 45 – 64 years are obese compared to 21% Provincially.

Physical Activity Level
The National Population Health Survey indicated that 58% of Parkland residents have inactive leisure time. It is estimated that only one third of our population is active enough to achieve health benefits from their efforts.

	Smoking Rate	Obesity Rate	Inactivity Rate
Parkland	**24 %**	**13%**	**58%**
Manitoba	**23%**	**11%**	**59%**

Source: National Population Health Survey 1996

SOCIO-ECONOMICS:

Education
23.67% of the population in Parkland over the age of 15 years has less than grade 9 education compared to 12.59% Provincially. However, 11.25% of Parkland residents have a high school certificate, slightly above the Provincial average of 11.19%.

Employment
The Parkland Region has an unemployment rate of 8.5% compared to the Manitoba rate of 7.8%. The unemployment rate for males in the Region is 9.9%, and for females 6.6 %.

Income/Poverty
The most recent census (1996) indicates that the Parkland has the lowest average household income in the Province at $32,546. The average household income for the Province is $43,404.

Socio Economic Risk Index (SERI)

The Socio-Economic Risk Index is a composite index of six measures of socio-economic status that mark environmental, household, and individual conditions which put residents at risk for poor health. These are associated with higher need for health care. The following six variables were used:

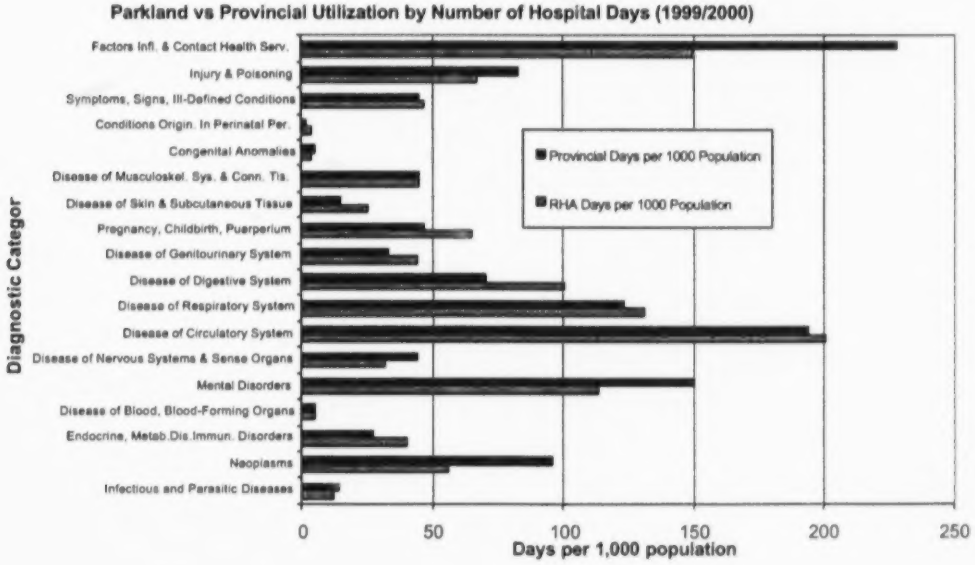
- Percentage of people aged 15–24 who are unemployed;
- Percentage of people 45-54 who are unemployed;
- Percentage of families headed by single females;
- Percentage of people aged 25-34 who completed high school;
- Percentage of females participating in the labour force; and,
- Average dwelling value.

The Provincial average corresponds to a SERI value of zero. Low and negative values represent areas at lower risk, while higher values represent areas at higher risk. Parkland Region has a SERI value of 0.69, the third highest value in the Province. This suggests the Region's residents are at higher risk for poor health.

HEALTH CARE SERVICES:

Though the visit rate for residents is only 5% above average, the supply of physicians in this Region is substantially (42%) higher than the rural average. In contrast, consultation rates with specialists are slightly (4%) below the rural average.

Parkland region has 4.88 acute care beds per 1000 population.



SUMMARY OF HEALTH STATUS INDICATORS:

Parkland compared to Provincial average:

HIGHER	LOWER
• Premature Mortality Rate • Standardized Mortality Rate • High Birth Weight • Melanoma (females) • Breast Cancer (males) • Cervical Cancer Incidence • Chlamydia Incidence (females) • Diabetes – Incidence and Prevalence • Psychological Well-being • Suicide Rate • Psychiatric Hospitalization • Teen Pregnancy Rate (total) • Mammography Screening Rate • Smoking During Pregnancy Rate • Obesity Rate • Inactivity Rate	• Infant Mortality Rate • Low Birth Weight Rate • Melanoma Rate (males) • Breast Cancer Rate (females) • Tuberculosis rate • Shigellosis • # Hospital days for Mental Diseases • Cervical Screening Rates

Overall, Parkland residents' health status is very close to the rural average. Ongoing monitoring and data collection will enable us to measure changes in health status over time.

2000/01 YEAR'S

COMMUNITY HEALTH NEEDS ASSESSMENT

The focus of the Health Assessment during 2000/2001 was on updating data, preparing, and delivering presentations based on the revised information. In cooperation with the District Health Advisory Councils, presentations were held in 10 communities throughout the Region. Updated information regarding health status in the Parkland was presented along with accomplishments and challenges. Those present were asked for their input regarding ongoing health needs of the community and areas of priority for health service delivery.

The Parkland Regional Health Authority used the updated information to assist with planning. The Board used the updated data to review and modify their End statements.

Preliminary meetings were held with Rorketon & Area Health Planning Group to determine how best to conduct a health assessment study in their area.

CORE SERVICES

Highlights of initiatives undertaken during fiscal year 2000/01 and challenges for forthcoming years for the core services are as follows:

HEALTH PROMOTION/EDUCATION:

Health Promotion/Education is the process of enabling individuals and communities to increase control over and improve their health. It focuses on achieving equity in health by providing equal opportunities and resources to enable people to achieve their optimum health potential. This includes improving life skills, encouraging healthy choices and increasing the opportunities for individuals to make healthy choices. Services include promotion of healthy lifestyles and practices, support for community groups, promotion of smoke free environments, health promotion in communities, schools and the workplace, health promotion with specific groups (e.g. seniors, multicultural groups, healthy communities), and health promotion for specific factors (e.g. tobacco control, heart health). These services are available from a variety of programs and are delivered in a wide variety of settings including offices, schools, senior centres, facilities, homes and workplaces.

Regional Health Educators and Community Nutritionist have primary responsibility for health promotion/education. However, all Community Health staff and indeed all of the health service providers in Parkland Region share responsibility for the promotion and education of good health practices.

Highlights of 2000/2001 Initiatives:
Health Promotion/Education activities focussed on the Board Ends regarding Healthy Lifestyles, Healthy Environments and Optimal Quality of Life. Activities included:

- Healthy Childhood Development:
  - Participated on Manitoba BabyFriendly Coordinating Committee. Focus on successful breastfeeding, input into new infant feeding resources, and sharing breastfeeding resources, research and policies;
  - Promoted World Breastfeeding Week in partnership with Parkland Regional Breastfeeding Promotion Committee;
  - Facilitated workshops for health care workers, daycare workers, and parents regarding prenatal, infant, and toddler nutrition;
  - Provided presentations and resources to schools, parent advisory councils, and recreation departments regarding healthy eating and healthy body image;
  - Hosted child car seat inspection training in partnership with Manitoba Public Insurance Corporation. Car seat inspection clinics were held throughout the Region;
  - Organized a water safety picnic in Duck Bay for children and their families in partnership with Canadian Red Cross, Duck Bay Fire Department, Duck Bay Recreation Commission, RCMP, and Louisiana Pacific;
  - Developed and distributed displays to Parkland daycare providers regarding child safety and wellness; and
  - Participated on the Parkland Strategic Planning Council for Children.
- Healthy Eating and Fitness:
  - Distributed information and delivered presentations regarding healthy lifestyles, diabetes and exercise, and risk factor reduction;

- Promoted the healthy eating message to teens by providing presentations to girls enrolled in the "Girls on the Move" program and to teens enrolled in Air Cadets;
- Developed and presented information to women, seniors groups, and cooks regarding healthy eating, healthy menu planning, label reading, healthy cooking;
- Addressed food security issues by providing information on community gardening and provided input into policy development to operationalize a Community Food Bank; and
- Provided information regarding healthy eating and healthy lifestyles through the "Community Links" newsletter.

- Tobacco Reduction:
  - Shared information on policy development for smoke free spaces;
  - Conducted "Thinking About Quitting Smoking?" information sessions throughout the Region;
  - Delivered Lungs are for Life, a smoking prevention education program, to a total of 122 children; smoking awareness presentation delivered to middle school students;
  - Supported the formation of Healthy Dauphin Tobacco Reduction Committee; and
  - Distributed samples and ordering information for tobacco cessation resources to all Community Health Service organizations.
- Mental Health Promotion:
  - Participated in the planning and implementation of Mental Health Week; poster boards and displays were sent to 13 communities; screening for anxiety disorders occurred in 8 communities; and
  - Implemented activities for Mental Illness Awareness Week that included depression screening. Initiatives in the Region received recognition by the Canadian Psychiatric Association.
- Community Development:
  - Participated in the coordination and implementation of a variety of Health Fairs throughout the Region;
  - Provided ongoing support to healthy community groups in the Region;
  - Provided ongoing support to trail development groups in the Region;
  - Hosted a variety of forums and focus groups in partnership with community organizations; and
  - Facilitated the development of a variety of support groups for persons living with chronic diseases.

Challenges and Responses:

- Increase the number of community initiatives promoting injury prevention for children;
- Implement breastfeeding education according to assessed need of facility and community health staff;
- Develop a tool to determine breastfeeding initiation and duration rates;
- Review and obtain appropriate resources regarding smoking and smoking cessation for prenatal women;
- Provide in-services and workshops on current nutrition guidelines for infants/toddlers;
- Increase awareness of the importance of healthy eating and to work with community groups to identify and address barriers to healthy eating;
- Initiate and support community involvement in developing opportunities for fitness and to identify and address barriers to physical activity;
- Partner with other organizations to increase prevention activities related to farm safety;
- Increase the number of sites where "Lungs are for Life" smoking prevention program is offered.
- Pilot smoking cessation programming;
- Assist community groups and local governments develop by-laws on smoke-free spaces;

- Enhance the coordination of regional services relating to healthy lifestyle promotion;
- Plan and implement workshops for Cooks of congregate meal programs; and
- Continue to identify and build partnerships to address the determinants of health through healthy public policy and by strengthening community action.

HEALTH PROTECTION

Health Protection Services safeguard the health and safety of the public. Enforcement of health protection is legislated through the Manitoba Public Health Act. Programs and services include communicable disease control, mandated environmental health protection and Medical Officer of Health services.

These services are provided in cooperation with Manitoba Health and Manitoba Environment and include immunization programs; management, control and prevention of communicable diseases; outbreak management; and, investigation of health hazards, food-borne and water-borne diseases.

Health Protection activities are carried out by a number of different health professionals employed by the PRHA (Public Health Nurses/Community Health Workers), Manitoba Health (Medical Officer of Health), Manitoba Environment (Health Inspectors), Federal Government (Medical Services Branch staff) and individual First Nations Communities.

Prevention, investigation and management of communicable diseases are a priority for Public Health staff. There is an increasing public awareness of communicable diseases, such as, Lyme Disease, Influenza and Hantavirus resulting in an increasing demand for prevention programs.

Highlights of 2000/01 Initiatives:

- Increased the rate of influenza immunization to high-risk citizens including health care workers during the Fall of 2000 with the Region achieving an overall 22.3% increase in influenza immunization. Six thousand nine hundred and thirty-one (6,931) individuals received influenza immunization in 2000/2001 compared to 5,667 the previous year;
- Continued the Hepatitis B immunization Program for Grade Four students with an immunization rate of 82% for the first dose, 81% for the second dose and 83% for the third dose amongst eligible students in the Region. During 1999/00 Parkland rates were 82.5% of the first dose, 81.4% for the second dose and 79.7 % for the third dose;
- Implemented the new Pneumococcal Immunization Program with 2,744 immunizations provided to residents of personal care homes and individuals with chronic conditions;
- Facilitated an In-service on Tuberculosis in partnership with West Region Tribal Council's Health Department for First Nation's and PRHA staff;
- Recruited a Communicable Disease Control Coordinator to coordinate communicable and sexually transmitted disease follow-up across the Region;
- Provided follow-up investigation and education for a total of 91 sexually transmitted diseases of which 33 were cases and 53 were contacts. The majority of these cases and contacts involved Chlamydia and the remainder involved Gonorrhea;
- Follow-up was provided for 48 other communicable diseases. Campylobacter, an organism that causes diarrhea illness, was the most common with 12 cases reported. Other reportable communicable diseases included Hepatitis C, Verotoxic E. coli, Salmonella, Giardia, Pertussis, Hepatitis B and Cryptosporidium;
- Worked in partnership with the Government of Canada, Food Inspection Agency, to provide follow-up and investigation for a total of 95 animal bites/exposures for possible risk of Rabies. Of these, 15 were positive for Rabies (12 skunks and 3 dogs);

- Provided information to the public concerning Hantavirus and Lyme Disease through distribution of fact sheets, newsletters and posters; and
- Participated with Manitoba Health and other RHA's in planning for the Hepatitis C-Blood Recipient Notification Project.

Challenges and Responses:

- Continue the Hepatitis B Immunization Program for Grade Four students and expand the Pneumococcal Vaccination Program to include anyone aged 65 and older;
- Continue to participate with Manitoba Health and other RHAs in the Provincial Manitoba Immunization Monitoring System (MIMS) Steering Committee to address issues related to the system;
- Continue to expand influenza prevention and control programming through education and immunization;
- Continue participation in Provincial planning to develop a regional preparedness plan in case of a potential worldwide influenza outbreak; Respond to increasing demand for services, such as education and investigation of increasing numbers of animal bites and exposure;
- Participate in planning initiatives for development of Provincial Sexually Transmitted Disease (STD) Strategy in partnership with Manitoba Health, other RHAs and other partners to address the increase in sexually transmitted diseases;
- Respond to the ongoing demand from the public for information about Hantavirus, Lyme disease, Rabies and other communicable diseases in innovative ways such as, displays, educational sessions, and other events where large groups of people congregate; and
- Continue monitoring of water quality and water-borne diseases by the Medical Officer of Health and respond to increased requests for education and information about water quality and testing.

Influenza Immunization Rates for 2000/01 Compared to 1999/2000:

	1999/00	2000/01	%/Change
Health Care Workers	559	665	19%
Under 65 Years of Age	998	1,254	25.7%
Over 65 Years of Age	4,110	5,012	21.9%
Total Immunized	5,667	6,931	22.3%

PREVENTION & COMMUNITY HEALTH SERVICES

Prevention is anticipatory action taken to reduce the likelihood of undesirable health conditions. Prevention and community health services are directed at persons, families and groups in communities who are at risk for developing a health problem, disease or disorder, and at reducing hazardous environments. Services have traditionally been provided by a mix of public, private and volunteer agencies. Services are provided in areas such as reproductive health; pregnancy/ childbirth and parenting; services to seniors; nutrition education; prevention of injury, chronic diseases and substance abuse/addictions (particularly tobacco); family health; oral health; hearing services and diabetes education.

Traditionally, Public Health Nurses have played a key role in the planning and delivery of these services throughout the Region. Other service providers, such as the Diabetes Education Nurses/Dietitians, the Regional Audiologist, Health Educator, Services to Seniors Worker, Community Health Workers and Home Visitors, also play a key role in prevention education.

Highlights of 2000/01 Initiatives:

- Provided regular home visiting services to eligible families through the BabyFirst Program. Eight percent of families with new infants in the Region received a Home Visitor into their home during 2000/01. The BabyFirst Program assists and supports families in raising healthy children through partnership with the Healthy Child Initiative. Funding is provided by Manitoba Family Services;
- Provided group and/or individual education to 86 families on income assistance as part of a contractual arrangement with Manitoba Family Services to provide the Women and Infant Nutrition (WIN) Program. This program was designed to provide families on Provincial assistance with information on the nutritional requirements for women who are pregnant or breastfeeding, explain healthy eating guidelines for infants and prenatal women and general information on child care and parenting;
- Participated in planning and conducting a Community Forum on Teen Pregnancy Prevention in partnership with the School Parent Advisory Council in Roblin;
- Partnered with various organizations and individuals to organize and host Women's Wellness Workshops in Dauphin, Roblin and Swan River. Approximately 160 women have attended these events;
- In partnership with the Manitoba Metis Federation and the Addictions Foundation of Manitoba, submitted a funding proposal to Health Canada entitled "Parkland Youth Action for Health & Wellness";
- Sponsored a one day Parkland Breast Cancer/Health Conference in partnership with Health Canada, the Breast Cancer Centre of Hope and the Canadian Breast Cancer Network. The Parkland Women's Wellness Network planned and facilitated the conference with the assistance of regional staff. Twenty-eight volunteers, breast cancer survivors, health professionals and others attended;
- Continued participation in the Provincial SAFE BABY Program in partnership with Local Fire Departments and others. The goal of the SAFE BABY Program is to provide a safety/education kit and smoke alarm to every baby born in Manitoba. The kits are given to new parents through the three birthing hospitals in the Region (Ste. Rose Hospital, Dauphin Regional Health Centre and Swan Valley Health Centre) with follow up provided by Public Health Nurses;
- The PRHA, the Manitoba Breast Screening Program and regional volunteers provided mobile breast screening clinics in Swan River, Dauphin and Roblin to a total of 812 women in the fall of 2000;
- The Ethelbert/Pine River Community Health Resource Centre hired a third nurse in June of 2000, allowing for an increase in services to the area. The CHRC is a three-year pilot project funded by Manitoba Health that offers clinical primary health services such as nursing care, and community development initiatives such as health education and illness prevention in addition to public health and home care services. Community outreach/education initiatives in 2000/01 included weight management workshops, and the development of a Parents & Tots group designed for learning, sharing and socializing;
- Developed a diabetes education manual to provide health professionals in the Region with a consistent, up-to-date and easy to use tool to assist in the education of residents diagnosed with diabetes;
- Hired a Community Diabetes Educator whose role focuses on working with groups and communities to prevent Diabetes;
- Collaborated with the Canadian Diabetes Association to provide education at some of its events on topics including basic diabetes information, nutrition, and label reading. Hosted a booth for Senior's Day in Dauphin featuring risk factors for diabetes and how to reduce one's risk;
- Provided a total of $160,335 in funding to sixteen Congregate Meal Programs. This represents an increase of 3.5% over the previous fiscal year;

- Provided $131,102 in Support Services to Seniors funding to Community Resource Councils (CRC's) in Dauphin, Swan River, Roblin, Ste. Rose, Rorketon and McCreary. These CRCs coordinate transportation services, shopping, friendly visiting, information and referral, and personal response systems. This represents an increase of 5.7% over the previous fiscal year; and
- Provided the Dauphin Multi-Purpose Senior Centre a grant of $20,132 to support healthy lifestyles programming, educational and cultural programming, leadership and volunteer opportunities for seniors and information and referral services. This program provides resources that maintain and/or enhance the physical, psychological and social well being of older persons in order to support their ability to remain independent. This represents a 1.9% increase over the previous fiscal year.

Challenges and Responses:

- Increase partnerships with organizations and community groups to participate in prevention strategies for accidental injuries and lifestyle related diseases such as, Diabetes and Heart Disease;
- Collaborate with health care workers, agencies, organizations, and the community, including the Provincial "Healthy Baby" program to assist in the development and implementation of programs to support improved nutritional and overall health status of pregnant women;
- Continue partnerships with Healthy Child Manitoba to provide staff development and skill enhancement for Public Health Nurses and Home Visitors involved in the delivery of the Baby First program and participate in the Provincial evaluation of this program;
- Continue partnerships with School Divisions, Family Services, Child Day Care, Friendship Centres and others to plan and implement regional initiatives to address early childhood development;
- Continue to develop and implement initiatives targeting the safety and well-being of Seniors in the Ethelbert CHRC catchment area in partnership with the Citizens for Rural Health;
- Continue to develop a regional diabetes strategy that coordinates and integrates a public health approach to diabetes prevention, education, care, research and support;
- Initiate a consultation process with School Divisions to assess health education needs in schools and collaborate on a regional Nurses-in-Schools implementation plan in partnership with Manitoba Health, Education and Healthy Child Manitoba;
- Develop a strategy in partnership with CancerCare Manitoba to address early detection and prevention programs for target populations; and,
- Fund new Support Services to Seniors' projects and expand existing projects as dollars become available.

TREATMENT SERVICES (ACUTE AND CHRONIC CARE)

These services provide active treatment to reduce the impact of medical conditions or disorders. People generally need acute-care services for short periods of time; on the other hand, chronic care services provide periodic treatment required for managing longer-term disorders such as multiple sclerosis.

Acute care has four nationally recognized distinct levels of care. The first level is a basic or primary level of service. Primary care services are provided throughout the Region including existing facilities in Roblin, Grandview, Gilbert Plains, Benito, Swan River, Winnipegosis, Dauphin, Ste. Rose and McCreary.

Specialist-trained professionals in large community and regional hospitals provide secondary care. Dauphin Regional Health Centre is a secondary facility in our Region providing general surgery, internal medicine, obstetrics, radiology and psychiatry.

Tertiary care provides more specialized diagnostic and treatment services (open heart surgery, for example) based on referral from other hospitals and physicians in major centres such as Winnipeg.

The most sophisticated and complex level of acute care is quaternary service. These services are highly specialized (such as heart and lung transplants) and only provided through referral to teaching hospitals and allied agencies in other Provinces.

Highlights of 2000/01 Initiatives:

- Released the results of the InterQual study which assessed the appropriateness of acute care bed utilization in the hospitals throughout the Region. The study also identified opportunities where alternate levels of care (such as home care, observation, long term care) could have met the patients' need. This information is being incorporated into the Regional planning for acute care programs and services;
- Expanded regional hemodialysis program capacity at the Dauphin Regional Health Centre from 20 to 24 patients;
- Continued mould remediation/restoration at the Dauphin Regional Health Centre;
- Continued functional planning for a new Swan River Valley Health Centre; and
- Completed a major renovation project at Winnipegosis Hospital which addressed major safety and security issues, provided medical clinic space and enhanced space for public health and diagnostics.

Challenges and Responses:

- Continue planning for a permanent facility in Swan River to meet the needs of the residents;
- Effective detection and remediation of mould from affected facilities;
- Examine the need for a regional surgical program to meet the needs of regional residents; and
- Continue recruitment and retention strategies for RNs, LPNs and Health Care Aides.

Acute Care Bed Utilization for 2000/01 Compared to 1999/00

Facility	No. of Acute Beds 1999/2000	Patient Days 1999/2000	No. of Acute Beds 2000/01	Patient Days 2000/01	Patient Days Increase/ Decrease %	Average Occupancy 2000/01 %
Dauphin	82	26,604	82	25,262	(2.7)	84.4
Swan River	32*	11,417	32*	10,898	(4.8)	93.3
Ste. Rose	27	6,500	26	6,853	5.2	72.2

Acute Care Bed Utilization for 2000/01 Compared to 1999/00--Continued

Facility	No. of Acute Beds 1999/2000	Patient Days 1999/2000	No. of Acute Beds 2000/01	Patient Days 2000/01	Patient Days Increase/ Decrease %	Average Occupancy 2000/01 %
Roblin	25	5,518	25	5,000	(10.4)	54.9
Grandview	18	3,115	18	2,152	(44.7)	32.8
McCreary/ Alonsa	13	3,130	13	2,731	(14.6)	57.6
Winnipegosis	14	3,061	14	2,838	(7.8)	55.5
Benito	5	708	5	799	11.4	43.8
Total	**216**	**60,053**	**215**	**56,533**	**(6.2)**	**72.0**

***Bed reconfiguration due to temporary facilities at Swan River and Benito**

EMERGENCY HEALTH SERVICES

These services include hospital emergency department services, ground ambulance and ambulance dispatch services, and emergency health preparedness.

Hospital emergency services are provided at Swan River General Hospital, Ste. Rose General Hospital, Winnipegosis General Hospital, Roblin and District Health Centre, Dauphin Regional Health Centre and McCreary/Alonsa Health Centre on a 24 hour /7 day basis either through fee for service or contractual arrangements with area physicians.

Ground ambulance services are provided from Swan River, Winnipegosis, Roblin, Grandview, Gilbert Plains, Dauphin, Ethelbert, Ste. Rose and Waterhen.

Highlights of 2000/01 Initiatives:

- Implemented a semi-automated defibrillator and trained personnel for 12 out of 18 ambulances throughout the Region;
- Implemented the new triage system in emergency departments across the Region. This system classifies the level of illness/acuity in five levels in order of severity (resuscitation, emergent, urgent, less urgent and non-urgent) rather than the previous three classification levels;
- Implemented training and equipment for specialized testing (such as blood sugar levels and oxygen levels) for all ambulance services; and
- Recruited a Regional Emergency Medical Services Education Coordinator to meet the training needs of all EMS providers.

Challenges and Responses:

- Decrease response time for ambulance calls;
- Develop and implement Mutual Aid Agreements to provide backup ambulance service coverage during emergencies and increase coordination and integration of ambulance services across the Region;
- Provide semi-automated defibrillators for 6 remaining ambulances in the Region;
- Complete Service Purchase Agreements with remaining non-devolved Ambulance Services, namely, Ste. Rose and District Ambulance Service and Gilbert Plains Ambulance Service.
- Develop a partnership with Community Health and Health Promotion for the delivery of Car Seat Safety and Playground Safety;
- Implement Provincial Fleet Vehicle and Communications initiatives;
- Continue to develop regional training programs for Emergency Medical Services Providers; and
- Continue to work with communities to develop Non-transport First Response Agencies in the Region.

The following tables provided some summary data pertaining to ambulance usage:

Summary of All Calls for 2000/01 Compared to 1999/00

Total Number of Calls		Emergent Calls		Non-Emergent Calls	
1999/00	2000/01	1999/00	2000/01	1999/00	2000/01
3,473	3,400	2,041	1,547	1,432	1,853

All Calls for 2000/01 Compared to 1999/00

	Total Number of Calls		% of Regional Calls	
	1999/00	2000/01	1999/00	2000/01
Dauphin	1,035	896	29.8	26.3
Ethelbert	48	56	1.4	1.6
Grandview	313	214	9.0	6.2
Gilbert Plains	170	149	4.9	4.4
Roblin	340	355	9.8	10.4
Winnipegosis	71	83	2.0	2.5
Ste. Rose/McCreary	469	517	13.5	15.2
Waterhen	60	82	1.7	2.5
Swan River	967	1,048	27.9	30.8
Total Parkland Region	**3,473**	**3,400**	**100%**	**100%**

Emergent Calls for 2000/01 Compared to 1999/00

	Total Number of Calls		% of Regional Calls	
	1999/00	2000/01	1999/00	2000/01
Dauphin	517	458	25.3	24.7
Ethelbert	43	46	2.1	2.4
Grandview	239	52	11.7	2.8
Gilbert Plains	127	115	6.2	6.2
Roblin	181	171	8.9	9.3
Winnipegosis	52	55	2.6	2.9
Ste. Rose/McCreary	191	232	9.3	12.6
Waterhen	60	82	3.0	4.5
Swan River	631	642	30.9	34.6

Total Parkland Region	**2,041**	**1,853**	**100%**	**100%**

DIAGNOSTIC SERVICES

Diagnostic Services in the Parkland Region provides laboratory, radiography (X-ray/CT), ultrasound, and electrocardiography (EKG) tests and examinations. Services are available to patients in hospitals, their surrounding communities, medical clinics and physician's offices.

All acute care facilities in the Parkland have Diagnostics Departments including McCreary/Alonsa Health Centre, Ste. Rose General Hospital, Dauphin Regional Health Centre, Winnipegosis General Hospital, Grandview District Hospital, Roblin and District Health Centre, Swan River Health Centre with visiting service provided to Gilbert Plains Health Centre and Benito Health Centre.

Basic Laboratory, X-ray and EKG testing is done at each site with the exception of the two visitation sites where lab samples are collected and forwarded for testing at the nearest facility.

Fluoroscopy (specialized x-ray) is performed only at the Dauphin and Swan River sites. Ultrasound is provided in Dauphin with a visiting service to Swan River, Ste. Rose and Roblin. Computed Tomography (CT) is done at the Dauphin Regional Health Centre.

Professional Radiologist Services are available to the Region. One Radiologist in Dauphin provides service to that site, while Radiologists from Brandon direct service for the Swan River, Benito and Roblin sites. Radiologists from Winnipeg provide direction to Ste. Rose, McCreary, Grandview, Winnipegosis and Gilbert Plains sites.

Diagnostics staff performed 689,399 test/exams which equated to 4,306,433 units of workload (one unit equals one minute of work). This represented an overall decrease of 4.0% from 1999/00. Across the Region, EKG and CT procedures increased while there was a small decrease in laboratory, routine x-ray and ultrasound. The decrease may be a reflection of the availability of trained technologists and the impact of inconsistent Radiologist professional services since November 2000.

Highlights of 2000/01 Initiatives:

- Completed full year of operation of the Computed Tomography scanner. Performed 3,167 scans to the end of March 2001;
- Established the first digital transmission link between two Computed Tomography scanners in Manitoba. Dauphin and Brandon have been connected via the Provincial Data Network (PDN), a Provincially owned private network. This link allows quick transmission of scans to the Radiologists in Brandon for consultation and emergency response when necessary;
- Completed the installation of the replacement imaging suites in the Roblin District Health Centre and Ste. Rose General Hospital;
- Installed the MIDAS (Medical Imaging Digital Archiving System) for the acquisition, storage and digital transmission of ultrasound images. The system allows immediate transmission of ultrasound cases from the travelling service to either Dauphin or Brandon and from Dauphin to Brandon allowing improved response to reporting results;
- Acquired the Logibec Resource Scheduling application for the Dauphin Regional Health Centre Diagnostics Services for use by all disciplines for patient/client appointment booking;
- Completed phase 1 of the review and preparation of blood transfusion records within the Region and submitted to the Blood Recipient Notification Program for Hepatitis C coordinated by Manitoba Health; and
- Supported two existing Laboratory Technologists from the Region to participate in the six month Radiology Assistant Training Program, graduating in February 2001. These technologists,

located in Ste. Rose du Lac and and Dauphin, are now multi-skilled; that is, in addition to their existing abilities in the Laboratory, can perform a basic list of x-ray procedures.

Challenges and Responses:

- Continue initiatives with other Regional Health Authorities, Manitoba Health and Education to initiate, implement and support the necessary training program for multi-skilled Laboratory and Radiography Technologists and the Allied Health Degree Program to address present and future recruitment concerns;
- Continue to support technologists presently working in the Region to participate in the multi-skilling Radiography Assistant Training Program;
- Recruit trained ultrasound technologists to address waiting times for examinations and provide vacation relief;
- Develop and implement in Region strategies to address the significantly increased costs for after hours emergency service;
- Actively participate in recruitment efforts for qualified technologist personnel to address the existing vacancies and impending retirements of the aging technologist population;
- Maintain participation by regional staff in the DSM (Diagnostic Services of Manitoba) project as necessary. As part of this project, participate in the evaluation and implementation of the computerized information systems and processes proposed to decrease unnecessary repetition of tests and provide improved turnaround times for laboratory results and imaging reports;
- Develop and implement strategies to address CT waiting lists including staff resources and hours of operation; and
- Determine the feasibility of enhancing diagnostic procedures within the Region at appropriate sites.

DEVELOPMENTAL AND REHABILITATION SUPPORT SERVICES

These services help to improve and maintain the functional independence of clients with impaired functioning from injury, chronic disorders or disability. Services are provided in a range of settings, including the home, health offices and as ambulatory and inpatient services in facilities.

REHABILITATION THERAPY

Rehabilitation Therapy Services work in partnership with people to restore function and promote independence through treatment, prevention, and health promotion activities. Services are designed to serve persons of all ages who have congenital or acquired physical and/or cognitive disorders.

Rehabilitation is directed to improving or maintaining mobility and self-care, and helps people adapt to their altered abilities, and the environment in which they live and work. Services include physiotherapy, occupational therapy and speech/language pathology.

Professional therapists are based in Dauphin and Swan River and provide on site and visiting services throughout the Region to all acute care facilities, residents of personal care homes and community clients on referral.

Highlights of 2000/01 Initiatives:

- The Physiotherapy staff saw 1,883 new inpatients/outpatients during 2000/01 with a total of 11,833 client visits. 1,905 new inpatients/outpatients were seen the previous year with a total of 11,289 client visits;
- The Occupational Therapy staff saw 892 new outpatients/inpatients during 2000/01 with a total of 4,137 client visits. 1,058 new outpatients/inpatients were seen the previous year with a total of 4,135 client visits; and,
- The Speech Therapy staff saw 127 new clients with a total of 1,259 client visits. 110 new clients were seen the previous year with a total of 905 client visits.

Challenges and Responses:

- Recruitment and retention of professional therapy staff;
- Maintain access to services in a fair and equitable manner across the Region given available staff resources; and,
- Prioritize workload demands so available staff resources are utilized in the most effective and efficient manner.

EARLY CHILDHOOD INTERVENTION

These services provide identification, assessment, intervention and support to children with disabilities that may impair their functional development.

Multi-disciplinary service is provided by physiotherapists, occupational therapists, a speech therapist, an audiologist, public health nurses, social workers, hospital staff, physicians and others throughout the Region. Intersectoral case coordination and management is provided in partnership with Children's Special Services, Society of Manitobans with Disabilities, School Divisions and others.

Highlights of 2000/01 Initiatives:

- Facilitated two Child Development Clinics at Dauphin and Swan River in April and November in cooperation with the Child Development Clinic and Manitoba Family Services. A total of 44 children were seen at the clinics.

Challenges and Responses:

- Explore short term options to provide hearing services to residents given the difficulty recruiting a full-time audiologist;
- Continue initiatives to address the need for consistent hearing services for early identification, assessment, intervention and support to children through recruitment of a regional audiologist;
- Recruit a second Speech Language Pathologist to fill the current vacancy;
- Increase role of Speech Language Therapists in prevention of communication disorders, early case finding and intervention; and,
- Work with Education, Family Services and Manitoba Health to develop a Regional Pediatric Therapy Program that includes physiotherapy, speech language pathology, occupational therapy and audiologist services.

HOME BASED CARE

Home Care is a comprehensive community based program that provides essential in-home supports to individuals, regardless of age, who require community health care services or assistance with daily living. The philosophy of the program is that individuals are more likely to achieve and maintain a high level of well being in the familiar environment of their own home.

Using a model that emphasizes promotion of care in the home, the Home Care Program augments the resources of family and the community, facilitates hospital discharges, and provides alternatives to entry to Personal Care Home for as long as is safely possible. Services are provided to elderly and disabled adults and children who would otherwise be at risk in the community.

The Home Care Program facilitates admission to an appropriate facility when maintenance in the community is no longer a viable option.

The need for Home Care services has increased dramatically over the past several years and this trend is expected to continue as clients with more complex care needs are being looked after at home.

Although services are provided to all ages, the majority of clients are over 65 years of age. The Parkland Regional Health Authority has the third highest proportion of persons over 65 years of age in the Province (18.9%) resulting in a high demand for the services of the Home Care Program.

Home Care case management includes assessment of care needs, coordination of home support services, ongoing reassessment and revision of care plans, provision of professional counseling, health teaching, crisis intervention and community education. Other services include Respite Care, Adult Day Programs, provision of equipment and supplies and therapy services.

Activities of the Home Care Program are carried out by both professional and paraprofessional staff.

Case Coordinators are responsible for case management. They determine program eligibility, assess need for care at home or in Personal Care Home and coordinate a broad range of services. They also act as liaison with hospital staff in discharge planning.

Resource Coordinators are responsible for hiring, orientating, scheduling and supervising Direct Service Workers (Registered Nurses, Licensed Practical Nurses, Home Care Attendants and Home Support Workers).

Recruitment and training of direct service staff and development of community resources to support this program are essential.

Expenditures for Home Care Assistance were $7,539,481 in 1900/01 compared to $6,952,160 in 1999/00. This represents a 8.45% increase in direct service costs over the previous year.

During 2000/01 a total of 679 individuals were admitted to the Home Care Program and 626 individuals were discharged. A total of 1,791 individuals received Home Care Services during the

year with an average monthly Home Care Case Count of 1,139 clients. Over 85% of these clients were aged 65 and over. Twelve percent of persons over 65 years of age in Parkland Region received home care services during the past year compared to eleven percent the previous year. One hundred and eighty-five (185) individuals were paneled for Personal Care Home Placement during 2000/01 with 174 individuals placed or removed from the Personal Care Home waiting list during the same period. At year-end, 61 individuals were on the waiting list for Personal Care Home placement with twenty-nine of those individuals being on Home Care, twenty in acute care beds, ten requesting placement from other areas of the Province and two seeking a transfer to a different Personal Care Home.

Highlights of 2000/01 Initiatives:

- Trained Home Care Case Coordinators and Community Health Nurses in the new Home Care Program Nutrition Resource Guide;
- Facilitated nutrition in-services for 313 Home Care Attendants, the Palliative Care Support Worker Training Program for 47 Home Care Attendants and supported Direct Service Worker attendance at other regional workshops and training sessions to address educational needs; and,
- Provided three two-day training sessions for 28 new casual Home Care Attendants.

Challenges and Responses:

- Pilot the development and implementation of a home intravenous program and a pain management program in the Swan River area;
- Continue addressing training needs of the Direct Service workforce;
- Continue addressing the need for additional case coordinator and resource coordinator staffing to meet demands of current and increasing workloads; and,
- Implement a computerized scheduling system for direct service workers.

Home Care Program Case Count for 2000/01 Compared to 1999/00

	1999/00	2000/01
Cases Admitted to Program	684	679
Cases Discharged from Program	641	626
Total # Receiving HC During Year	1,753	1,791
Average Monthly Caseload	1,083	1,139

Personal Care Home Wait List Data for 2000/01 Compared to 1999/00

	1999/00	2000/01
# Paneled for Placement	165	185
# Placed or Removed from Waiting List	194	174
Waiting List at Year End	66	61

LONG TERM CARE

The goal of long term care is to maintain or increase a person's physical, social and psychological well-being to a maximum level, promote functional independence and improve the quality of a person's life. Care is provided in the least restrictive environment possible to an individual whose functional capacities are chronically impaired or are at risk of impairment. All personal care homes provide residential long-term care while some facilities also offer adult day care and respite programs.

Parkland Region has eleven personal care homes which include Dauphin Personal Care Home, Grandview Personal Care Home, Gilbert Plains Personal Care Home, Crocus Court (Roblin), McCreary/Alonsa Health Centre, Dr. Gendreau Personal Care Home (Ste. Rose), Benito Health Centre, Winnipegosis-Mossey River Personal Care Home, St. Paul's Home (Dauphin), Swan Valley Lodge, and Swan River Personal Care Home.

Respite care is a component of the home care program provided in partnership with the long term care facility. This program provides short-term admissions to a personal care home for the purpose of providing a period of relief to families who care for a dependent person in the home. Designated respite care beds are available in Roblin, Grandview, Gilbert Plains, Swan River, and Dauphin. Respite care is also provided in undesignated beds in Benito Health Centre and acute care facilities in McCreary, Ste. Rose, and Winnipegosis.

Adult day care is a component of the home care program provided in partnership with the long term care facility. This service assists the client to maintain independent living status by providing an opportunity for recreation and socialization in a supportive environment. Adult day care programs are available throughout the Region including St. Paul's Home (Dauphin), Grandview Personal Care Home, Swan Valley Lodge, Benito Health Centre, Crocus Court (Roblin), Dr. Gendreau Memorial Personal Care Home (Ste. Rose), and McCreary/Alonsa Health Centre.

Highlights of 2000/01 Initiatives:

- Developed action plans with each PCH in the Region to address specific improvements required to meet Long Term Care Standards as identified in the Year 1 Manitoba Health Standards review; and
- Developed a regional Resident Bill of Rights by a Long Term Care Project Team. This project had been identified as one of the top ten priorities by the Region.

Challenges and Responses:

- Review the Adult Day Program including utilization;
- Review the Respite Program including utilization in residential and acute care facilities;
- Work cooperatively with Manitoba Health and regional personal care homes in review of Year 2 of the new Long Term Care standards including performance measures; and
- Continue recruitment and retention strategies for RNs, LPNs and Health Care Aides.

Long Term Care Resident Bed Utilization 2000/01 Compared to 1999/00*

	1999/00				2000/01			
Facility	No. of Beds	No. of Admissions	Resident Days	% Bed Occu-pancy	No. of Beds	No. of Admissions	Resident Days	% Bed Occu-pancy
Dauphin PCH	85	24	30,204	97.4	85	40	30,730	99.0
St. Paul's Home	70	18	25,538	99.9	70	21	25,463	99.7

Swan Valley Lodge	70	18	24,691	96.6	65**	19	22,609	95.5
Dr. Gendreau PCH (Ste. Rose)	64	19	23,185	99.3	64	21	22,905	98.1
Swan Valley PCH	58	11	19,280	91.1	58	28	19,325	91.3
	1999/00				**2000/01**			
Facility	**No. of Beds**	**No. of Admissions**	**Resident Days**	**% Bed Occu-pancy**	**No. of Beds**	**No. of Admissions**	**Resident Days**	**% Bed Occu-pancy**
Crocus Court (Roblin)	59	19	21,114	98.0	59	20	21,151	98.2
Grandview PCH	39	18	13,635	95.8	39	15	13,521	95.0
Gilbert Plains	29	12	10,499	99.2	29	8	10,408	98.3
McCreary	20	9	7,249	99.3	20	2	7,278	99.7
Benito	20	8	6,465	88.6	20	20	6,676	91.5
Winnipegosis	20	2	7,291	99.9	20	11	7,083	97.0
Total	**534**	**158**	**189,151**	**97.1**	**529**	**205**	**187,149**	**97.0**

***Excludes Respite Beds and Services**

**** Bed reconfiguration due to water infiltration**

Long Term Care Respite Services 2000/01 Compared to 1999/00

	1999/00					**2000/01**				
Facility	**No. of Respite Beds**	**No. of Clients**	**No. of Admiss-ions**	**No. of Respite Days**	**% Bed Occu-pancy**	**No. of Respite Beds**	**No. of Clients**	**No. of Admiss-ions**	**No. of Respite Days**	**% Bed Occu-pancy**
Dauphin PCH	5	50	72	935	51.3	5	46	72	734	40.2
Dr. Gendreau PCH (Ste. Rose)	1	8	13	192	52.6	1	9	13	269	74.0
Swan Valley PCH	2	11	15	192	26.3	2	8	16	92	12.6
Crocus Court (Roblin)	1	9	11	241	66.0	1	10	14	223	61.1
Grandview PCH	1	5	6	147	40.3	1	7	9	214	58.6
Gilbert Plains PCH	1	12	13	242	66.3	1*	8 *	15*	154*	42.2*
TOTAL	**11**	**95**	**130**	**1,707**	**42.5**	**11**	**96**	**139**	**1686**	**42.0**

*** Respite bed closed from January – March 31, 2001 due to renovations.**

Adult Day Care Utilization for 2000/01 Compared to 1999/00

	1999/00			2000/01		
Program	Admitted	Separated	No. Active at Year End	Admitted	Separated	No. Active at Year End
St. Paul's Home	6	11	16	3	4	18
Grandview PCH	2	0	4	1	4	2
Swan Valley Lodge/Benito Health Centre	9	10	30	10	13	30
Dr. Gendreau PCH (Ste. Rose)	13	8	69	8	18	57
Crocus Court (Roblin)	3	2	7	3	5	6
McCreary	6	5	19	1	7	13
Total	**39**	**35**	**145**	**26**	**51**	**126**

MENTAL HEALTH SERVICES

Mental Health Services ensure that those who suffer from mental distress receive the care, services and support that they need to live with optimal independence and health. The model for community based mental health services includes an emphasis on working partnerships, building support networks and multidisciplinary service delivery/coordination.

Target groups include children and adolescents with mental health problems, adults with acute psychiatric needs, adults with severe and persistent mental illness and older adults with mental health problems.

Services include assessment, identification and case management; acute care treatment; mobile crisis intervention; crisis stabilization; long term care and treatment; supportive housing; self help and family support; intensive case management support; psychosocial rehabilitation including employment support/social recreation; and prevention/promotion/public education services.

Assessment, identification, case management, intensive case management, psychosocial rehabilitation and employment development services are provided by multidisciplinary, specialized community mental health workers to meet the needs of the identified target groups. Workers are based in Dauphin, Swan River, Ste. Rose and Roblin and provide services to all areas of the Region. Proctors are employed on a casual basis to provide assistance to individuals living in supportive housing throughout the Region.

Mental Health Staff based in Dauphin provide Mobile Crisis Services through a toll free number (1-866-332-3030). Initial screening for service is provided by telephone with a Community Mental Health Worker called out as necessary.

The Canadian Mental Health Association (CMHA) in Swan River operates a four bed Safe House and provides support to housing, self-help services (group and peer support), social/recreational activities for clients and some public education services on behalf of the PRHA.

Prevention, promotion and public education services are provided in partnership with self-help groups, other programs and community groups. The Society for Depression and Manic Depression, Manitoba Schizophrenia Society and Anxiety Disorders Association of Manitoba are funded by Manitoba Health to provide self-help services (group and peer support) in South Parkland as well as Region-wide awareness and education programs.

During 2000/2001, the Community Mental Health Program opened 751 cases for assessment and follow-up. 470 cases were new to the program and 281 cases were reopened for services. As well, during the year, 681 cases were closed to the Community Mental Health Program. At fiscal year-end, 952 cases remained open for services.

The Mental Health Psychogeriatric Team, consisting of three specialized multi-disciplinary staff, provides consultative assessment and identification, treatment and education services for the elderly throughout the Region. During 2000/20001, they had 151 clients referred for assessment, provided 14 education sessions for the public and regional professionals and served the ongoing case management function for elderly clients with an average of 65 cases per worker.

The four specialized Child/Adolescent Mental Health Workers provide assessment and identification services, including follow-up treatment and education services for children and adolescents with mental health problems. During 2000/01, this team received 202 referrals. This included 128 new referrals and 74 reopened cases.

The ten bed Acute Care Psychiatric Unit at the Dauphin Regional Health Centre had 209 admissions during 2000/01 for a total of 2,726 patient days. The average length of stay during 2000/01 was 13.6 days with an average daily census of 7.5 patients.

Highlights of 2000/01 Initiatives:

- Recruited a Ph. D. Trained Clinical Psychologist in partnership with the University of Manitoba, Department of Psychology, to provide service to the 10 bed Acute Care Unit and Community Mental Health Programs;
- Completed transition of the 4 bed Crisis Stabilization Unit to a Safe House to be operated by CMHA at Swan River;
- Implemented the Regional Mental Health toll free Crisis Line (1-866-332-3030);
- Provided $10,000 in funding to the Dauphin Ochre School Division to support the School Success Partnership Program;
- Recruited psychogeriatric nurses to provide enhanced clinical support to residents of Long Term Care Facilities;
- Participated in the Employment Exploration Alternative Program initiative in partnership with Family Services and Human Resources Development Canada. This program was operated by the Parkland Advisory Committee for Employment Support (P.A.C.E.S.) to address the need for employment support for individuals living with a disability; and,
- Opened a Branch of the Helping Everyone Reach Out (HERO) Club in Roblin. HERO Clubs provide socialization and self help in a clubhouse atmosphere for post mentally ill clients and now exist in Swan River, Roblin and Dauphin.

Challenges and Responses:

- Continue initiatives to recruit a second Resident Psychiatrist to ensure availability of services on a 24-hour/7 day basis throughout the Region;
- Continue initiatives to recruit itinerant Child Psychiatry, Psychogeriatrician Services and other Mental Health Professionals;
- Work in partnership with Manitoba Health and others to address Mental Health Renewal with a focus on client/family involvement in the process;
- Provide community information and education concerning availability and access to mobile crisis services;
- Continue to collaborate with School Divisions, Family Services and other agencies to develop initiatives to address the increasing need for Child/Adolescent Mental Health Services; and,
- Complete a Service Purchase Agreement with the Canadian Mental Health Association, Swan River Branch, to define roles, expectations and funding allocations.

Community Mental Health Program Case Count for 2000/01 Compared to 1999/2000

	1999/2000	2000/2001
Cases Opened for Assessment	686	751
New Cases to Program	424	470
Re-Opened to Program	262	281
Closed to Program	664	681
Open Cases at Year-End	890	952

Mental Health Services For The Elderly Program
Case Count for 2000/01 Compared to 1999/2000

	1999/2000	2000/2001
Cases Opened for Assessment	145	151
New Cases to Program	89	116
Re-Opened to Program	56	35
Closed to Program	132	127
Average Monthly Caseload	135	193
Education Sessions	10	14

Child/Adolescent Mental Health Program Case Count for 2000/01 Compared For 1999/2000

	1999/2000	2000/2001
Cases Opened for Assessment	202	202
New Cases to Program	135	128
Re-Opened to Program	59	74
Closed to Program	174	207
Education Sessions	10	14

Acute Care Psychiatric Unit Bed Utilization for 2000/01 Compared to 1999/00

	1999/2000	2000/2001

Admissions	192	209
Patient Days	2,819	2,726
Average Length of Stay	14 days	13.6
Average Daily Census	7.7 patients	7.5 patients

SUBSTANCE ABUSE/ADDICTIONS

The goal of these services is to achieve a healthier society by reducing the abuse of alcohol, other drugs and gambling. Services include assessment, treatment and support services for individuals and families with substance abuse/addiction problems.

Though the Parkland Health Region serves a role in addictions treatment, the Addictions Foundation of Manitoba (AFM) carries the primary responsibility for the delivery of addictions/substance abuse related services in the Province.

Detoxification services are provided by medical/hospital facilities throughout the Region. In particular, Ste. Rose Hospital provides detoxification services for patients arriving at AFM's residential care facility (Willard Monson House) from other areas of the Region or the Province.

Early intervention services (education, identification, support and referral) are provided by staff of AFM based in Dauphin and Swan River. Visiting services are also provided by the AFM to Roblin, Grandview, Winnipegosis and Ste. Rose and on a request basis throughout the Region.

Early intervention may also occur within acute care facilities at a primary care level. Residential and non-residential treatment services are provided by the AFM at Willard Monson House in Ste. Rose; by referral to other residential centres in Brandon, Winnipeg or Thompson; or through individual or group programs offered by AFM community program staff.

Highlights of 2000/01:

- In partnership with AFM and the Community Health Institute facilitated an Addictions Overview Workshop for Front Line Staff in the Region.

Challenges and Responses:

- Continue to address training of health care professionals across the Region in partnership with AFM; and,
- Review the detoxification program to determine best practices and develop regional guidelines including educational initiatives.

PALLIATIVE CARE SERVICES

These services provide skilled, compassionate, interdisciplinary professional and volunteer care for people whose disease does not respond to curative treatment. The goal is the best quality of life for individuals and their families. Service must be flexible and integrated and may be provided at home, in residential care facilities, or hospitals. An individual may be moved from home to a care facility for symptom management or to provide respite for the primary care giver.

Palliative Care strives to meet the physical, social and spiritual needs of patients and families, with sensitivity to their personal, cultural and religious beliefs and practices.

In Parkland Region, palliative care beds are provided within a variety of settings on both a formal and informal basis. Currently, Palliative Care Services are available in the following Acute Care Facilities: Ste. Rose Hospital; Dauphin Regional Health Centre; Grandview Hospital; McCreary Hospital and Winnipegosis Hospital. In addition, the Home Care Program supports palliative care patients and their families in their own homes.

Highlights of 2000/01 Initiatives:

- Initiated a Palliative Care Training Program for 82 Support Workers in the Region. This program provides 12-15 hours of training that is recognized by a Certificate from the Canadian Palliative Care Association upon completion of the training program;
- The Region hosted one-day Palliative Care Workshops in Dauphin and Swan River concerning communication skills, grief, and caregiver issues. A total of 121 health care providers and volunteers attended these workshops; and,
- Established a Palliative Care area in the Winnipegosis Hospital for patients and family members.

Challenges and Responses:

- Implement the Planned Death at Home Policy, Palliative Care Admission Criteria and Regional Registry;
- Plan and implement the Palliative Care Special Access Drug Program In partnership with Manitoba Health and other Regional Health Authorities;
- Continue to work with other Regional Health Authorities and Manitoba Health in development of program standards and resources; and,
- Continue to provide educational resources, workshops, training, and support for staff and volunteers providing palliative care.

MEDICAL SERVICES

Family medicine physician services are available throughout the Region with Physicians located in the communities of Dauphin, Grandview, Roblin, Swan River, Winnipegosis, Ste. Rose, and McCreary. Visiting general medicine services are available to the communities of Gilbert Plains and Ethelbert. Resident specialist medical services in general surgery, psychiatry, internal medicine, and radiology services are available in Dauphin.

Geriatrics, dermatology, pediatrics, orthopedics, oral surgery, otolaryngology, ophthalmology, infectious diseases, rehabilitation medicine and podiatry are available in the Region on an itinerant basis.

An ongoing partnership exists between the Parkland Regional Health Authority and the University of Manitoba to support the Rural Family Practice Residency Program in conjunction with the physicians in Dauphin and Ste. Rose.

The majority of the regional medical services are remunerated on a "fee for service" basis. One physician in Winnipegosis and both physicians in McCreary are under contract. Further, "fee for service" physicians are compensated for providing "on call" services after hours for emergency rooms, surgery, internal medicine, anesthesia, psychiatry and obstetrics.

Highlights of 200/01 Initiatives:

- Established a contract for a part-time Regional Medical Director of Emergency Medical Services;
- The Parkland Regional Health Authority supported and endorsed proposals from City of Dauphin and the R.M. and Town of Ste. Rose du Lac for consideration of a new Office of Rural and Northern Health. This new Provincial office will coordinate between medical education programs and community needs and play a key role in promoting health sciences as a career to rural and northern students. In addition, this office will work with Manitoba municipalities and other Regional Health Authorities in expanding rural training opportunities for health care professionals; and
- Dr. David O'Hagan was named the "Family Physician of the Year" by the Manitoba Chapter of the College of Physicians and Surgeons. Dr. O'Hagan has been practicing in Ste. Rose for over 15 years.

Challenges and Responses:

- Ensure the surgical program continues to be available to all residents of the Region;
- In accordance with the Medical Manpower Plan developed for the Region there is a need to recruit:
  - a specialist for obstetrics and gynecology;
  - a second internist, psychiatrist and radiologist; and
  - resident physicians in the communities of Grandview, Roblin and Swan River;
- Continue to address the need for 24 hour/7-day emergency response systems in areas served by one or two physicians;
- Continue to support the planned expansion of the Parkland Family Practice Residency Program;
- Facilitate physician involvement and participation in the Regional Accreditation Process; and,
- Develop Region-wide Medical Staff Rules and Regulations which are acceptable to all facilities.

CAPITAL PLANNING/DEVELOPMENT

Highlights of 2000-2001 Initiatives:

- Completed the conversion of the Winnipegosis General Hospital to include dedicated space for Community Health and physician offices;
- Completed the Functional Program of the new permanent health facility at Swan River;
- Mould remediation and restoration at the Dauphin Regional Health Centre is underway and is 50 per cent complete. Roof replacement plans were developed as part of this project;
- Safety and Security projects completed include kitchen flooring replacement, window replacement, and Phase 2 of the fire safety upgrade at the McCreary/Alonsa Health Centre; and
- Demolition of the old Swan River Health Centre facility commenced during the year.

Challenges and Responses:

- Mould remediation and restoration in the Swan Valley Personal Care Home, Swan Valley Lodge, and Benito Health Centre continue to be in the planning stage, with implementation targeted for 2001-2002;
- Continue to plan for the new permanent facility at Swan River;
- Continue to plan for the new Community Health Services Building in Dauphin; and
- Continue to plan conversion of a surplus building to an ambulance garage in Dauphin.

PUBLIC SECTOR COMPENSATION DISCLOSURE ACT

The Public Sector Compensation Disclosure Act required that the RHA disclose to the Public, the amount of compensation it pays or provides in the fiscal year or calendar year directly or indirectly:

- all overtime payments, retirement of severance payments, lump sum payments and vacation pay-outs;
- the value of loan or loan interest obligations that have been extinguished and the value of imputed interest benefits from loans;
- long term incentive plan earnings and payouts;
- the value of the benefit derived from vehicles or allowances with respect to vehicles;
- the value of the benefit derived from living accommodation or any subsidy with respect to living accommodation;
- payments made for exceptional benefits not provided to the majority of employees of the public sector body;
- payments for memberships in recreational clubs or organizations; and
- the value of any other payment or benefit that may be prescribed in the regulations.

AUDITED FINANCIAL

PARKLAND REGIONAL HEALTH AUTHORITY INC.

Consolidated Financial Statements
For the year ended March 31, 2001

PARKLAND REGIONAL HEALTH AUTHORITY INC.

Consolidated Financial Statements
For the year ended March 31, 2001

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Auditors' Report

To the Board of Directors
PARKLAND REGIONAL HEALTH AUTHORITY INC.

We have audited the consolidated balance sheet of **PARKLAND REGIONAL HEALTH AUTHORITY INC.** as at March 31, 2001 and the consolidated statements of operations, changes in net assets and cash flows for the year then ended. These financial statements are the responsibility of the Parkland Regional Health Authority Inc.'s management. Our responsibility is to express an opinion on these financial statements based on our audit.

We conducted our audit in accordance with Canadian generally accepted auditing standards. Those standards require that we plan and perform an audit to obtain reasonable assurance whether the financial statements are free of material misstatement. An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements. An audit also includes assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall financial statement presentation.

In our opinion, these consolidated financial statements present fairly, in all material respects, the financial position of the Parkland Regional Health Authority Inc. as at March 31, 2001 and the results of its operations and its cash flows for the year then ended in accordance with Canadian generally accepted accounting principles.

BDO Dunwoody LLP

Chartered Accountants

Winnipeg, Manitoba
June 15, 2001

PARKLAND REGIONAL HEALTH AUTHORITY INC.
Consolidated Balance Sheet

March 31	2001	2000
Assets		
Current Assets		
Cash and bank	$ 5,784,758	$ 7,317,744
Temporary Investments	12,058,652	10,740,237
Deferred benefit entitlement (Note 1)	3,570,164	4,426,867
Accounts receivable	1,437,485	3,347,792
Due from (to) Manitoba Health (Note 2)	3,809,051	(544,114)
Inventories	1,211,381	1,190,008
Prepaid expenses	660,762	275,471
	28,532,253	26,754,005
Long-term investments	180,152	7,157
Capital assets (Note 3)	58,140,829	62,764,698
Trust assets	37,483	26,219
Deferred benefit entitlement (Note 1)	3,891,955	
	$ 90,782,672	$ 89,552,079
Liabilities and Net Assets		
Current Liabilities		
Lines of credit	$ 6,710,140	$ 4,913,601
Accounts payable and accrued liabilities	4,588,583	3,952,551
Deferred benefit entitlement (Note 1)	3,570,164	4,426,867
Current portion of long-term debt (Note 4)	522,238	431,575
	15,391,125	13,724,594
Long-term debt (Note 4)	27,008,933	26,013,834
Deferred benefit entitlement (Note 1)	3,891,955	
Deferred contributions (Note 5)	36,133,968	40,768,273
Trust liabilities	37,483	26,219
	82,463,464	80,532,920
Net Assets		
Net assets invested in capital assets	2,357,642	2,995,679
Net assets internally restricted	674,659	1,145,750
Unrestricted net assets	5,286,907	4,877,730
	8,319,208	9,019,159
	$ 90,782,672	$ 89,552,079

On behalf of the Board:

_____ Director

_____ Director

The accompanying summary of significant accounting policies and notes are an integral part of these financial statements.

PARKLAND REGIONAL HEALTH AUTHORITY INC.
Consolidated Statement of Changes in Net Assets

For the year ended March 31, 2001

	Invested in Capital Assets	Internally Restricted	Unrestricted	2001	2000
Balance, beginning of year	$ 2,995,679	$ 1,145,750	$ 4,877,730	$ 9,019,159	$ 7,689,621
Excess of revenue (expenses) for the year	(673,156)	(71,504)	485,738	(258,922)	1,329,538
Interfund transfers	35,119	41,442	(76,561)	-	-
Net transfers from (to) foundations	-	441,029)	-	(441,029)	-
Balance, end of year	$ 2,357,642	$ 674,659	$ 5,286,907	$ 8,319,208	$ 9,019,159

The accompanying summary of significant accounting policies and notes are an integral part of these financial statements.

PARKLAND REGIONAL HEALTH AUTHORITY INC.
Consolidated Statement of Operations

For the year ended March 31	2001	2000
Revenue		
Manitoba Health operating income (Note 9)	$ 68,718,061	$ 64,098,388
Patient income	6,047,385	6,164,505
Other income	2,734,257	3,972,416
	77,499,703	74,235,309
Expenses		
Acute care expenses	26,574,792	25,213,851
Long-term care services	22,466,042	21,411,678
Community - homecare assistance	8,307,554	7,491,260
Community - health services	7,067,831	6,106,324
Community - diagnostic services	3,649,988	3,196,101
Interest on long-term debt	2,967,533	2,625,218
Medical remuneration	2,538,537	2,109,972
Regional health costs (Note 8)	1,375,569	1,244,230
Year 2000 expenses	-	1,223,806
Land ambulance	847,805	759,608
Parkland Regional Hospital Laundry Ltd. expenses	741,604	748,955
Community - therapy services	554,930	527,217
Loss on demolition of building and service equipment	434,652	
	77,526,837	72,658,220
Excess (deficiency) of revenue before amortization of deferred contributions and of capital assets	(27,134)	1,577,089
Amortization of deferred contributions	2,932,632	2,731,511
Amortization of capital assets	(3,164,420)	(2,979,062)
	(231,788)	(247,551)
Excess (deficiency) of revenue for the year	$ (258,922)	$ 1,329,538

PARKLAND REGIONAL HEALTH AUTHORITY INC.
Consolidated Statement of Cash Flows

For the year ended March 31	2001	2000
Cash Flows from Operating Activities		
Excess (deficiency) of revenue over expenses for the year	$ (258,922)	$ 1,329,538
Items not involving cash		
Amortization of capital assets	3,164,420	2,979,062
Amortization of deferred contributions	(2,932,632)	(2,731,511)
	(27,134)	1,577,089
Changes in non-cash working capital balances		
Trust assets	(11,264)	6,691
Temporary investments	(1,318,415)	(1,161,991)
Lines of credit	1,796,538	2,956,437
Trust liabilities	11,264	(6,691)
Accounts receivable	1,910,307	(1,024,816)
Due from Manitoba Health	(4,353,165)	
Inventories	(21,373)	(90,429)
Prepaid expenses	(385,293)	275,955
Accounts payable	636,032	1,751,524
	(1,762,503)	4,283,769
Cash Flows from Investing and Financing Activities		
Decrease (increase) of capital assets	1,459,449	(13,708,143)
Increase of long-term investments	(172,992)	
Decrease in net assets	(441,029)	
Increase (decrease) in deferred contributions	(1,701,673)	10,115,614
Increase in long-term debt	1,085,762	333,962
	229,517	(3,258,567)
Increase (decrease) in cash and cash equivalents during the year	(1,532,986)	1,025,202
Cash and cash equivalents, beginning of year	7,317,744	6,292,542
Cash and cash equivalents, end of year	$ 5,784,758	$ 7,317,744

The accompanying summary of significant accounting policies and notes are an integral part of these financial statements.

Nature and Purpose of Organization

The Parkland Regional Health Authority Inc. is a non-profit organization incorporated without share capital under the laws of Manitoba. The Parkland Regional Health Authority Inc. is involved in the provision of health care services to persons resident in the Parkland Region.

The Parkland Regional Health Authority Inc. is a registered charity and, as such, is exempt from income tax and may issue income tax receipts to donors.

Basis of Accounting

These financial statements were prepared using the accrual basis of accounting. The accrual basis recognizes revenues, as they become available and measurable; expenditures are recognized, as they are incurred and measurable as a result of receipts of goods or services and the creation of a legal obligation to pay.

Revenue Recognition

The Parkland Regional Health Authority Inc. follows the deferral method of accounting for contributions. Restricted contributions are recognized as revenue in the year in which the related expenses are incurred. Unrestricted contributions are recognized as revenue when received or receivable if the amount to be received can be reasonably estimated and collection is reasonably assured.

Restricted investment income is recognized as an increase in deferred contributions when earned. Unrestricted investment income is recognized as revenue when earned.

PARKLAND REGIONAL HEALTH AUTHORITY INC.
Summary of Significant Accounting Policies

March 31, 2001

Basis of Reporting

These financial statements include the accounts of all controlled not-for-profit organizations of the Parkland Regional Health Authority Inc. All significant inter departmental transactions have been eliminated.

The assets, liabilities, and operations of the following controlled not-for-profit operations have been included in these financial statements:

Devolved Facilities:

Dauphin Regional Health Centre
Roblin District Health Centre
Gilbert Plains Health Centre
Grandview Hospital District No. 3B
Dauphin & District Ambulance Service
Roblin & District Ambulance Service
Grandview Personal Care Home
Parkland Regional Hospital Laundry Ltd.

Non-devolved Facilities:

McCreary / Alonsa Health Centre
Hospital General - Ste. Rose - General Hospital
Swan Valley Lodge (1991) Inc.
Swan River Valley Hospital
Swan River Valley Personal Care Home Inc.
Benito Health Centre
Winnipegosis-Mossey River Personal Care Home Inc.
Winnipegosis General Hospital
St. Paul's Home (Inc.)
Dr. Gendreau Personal Care Home Inc.
Swan River Hospital District No. 1

The Parkland Regional Health Authority Inc. also receives funding from independent organizations, which organize fund-raising drives in various geographic areas exclusively for the use of the Parkland Regional Health Authority Inc. or its related entities. The extent of any funding provided by these independent entities is solely at the discretion of the board of directors of the independent entities.

Financial Instruments

The Parkland Regional Health Authority Inc.'s financial instruments consist of cash, accounts receivable, temporary investments, accounts payable, amounts due to (from) Manitoba Health and long-term debt. Unless otherwise noted, it is management's opinion that the Parkland Regional Health Authority Inc. is not exposed to significant interest, currency or credit risks arising from these financial instruments. The fair values of these financial instruments approximate their carrying

values, unless otherwise noted.

PARKLAND REGIONAL HEALTH AUTHORITY INC.
Summary of Significant Accounting Policies

March 31, 2001

Temporary Investments

Temporary investments are stated at the lower of cost and market value.

Inventories

Inventories are stated at the lower of cost and replacement cost. Cost is generally determined on the first-in, first-out basis.

Capital Assets

Purchased capital assets are recorded at cost. Amortization based on the estimated useful life of the asset is calculated as follows:

Buildings	20 to 40 years straight-line basis
Major equipment	4 to 20 years straight-line basis

Pension Plans

The Parkland Regional Health Authority Inc. participates in the Healthcare Employees Pension Plan (Manitoba), a plan made available to all health organizations in Manitoba.

Employee Benefits

The Parkland Regional Health Authority Inc. records liabilities for accrued employee benefits in the year in which they are earned.

Employees are entitled to compensation for unused vacation credit, unused statutory holiday time, unpaid overtime and pre-retirement leave when they leave the Parkland Regional Health Authority Inc.'s employ.

1. Deferred Benefit Entitlement

Certain accrued employee benefit costs, including vacation pay, unused statutory holiday pay, unpaid overtime and pre-retirement leave are recorded in accordance with the policy determined by Manitoba Health. This policy is to record the change in the amount of both the accrued liability for these costs and the related amount receivable from Manitoba Health.

The pre-retirement benefits are determined by actuarial valuation. The latest actuarial valuation of the pre-retirement value as of December 31, 2000 reports an obligation of $3,891,955. The plan is unfunded; however, the obligation is covered by Manitoba Health resulting in a nil surplus or deficit at March 31, 2001. $83,069 of benefits were paid from the plan in the current year. No contributions by the employees or employer were made during the year. The assumptions in the valuation report are as follows:

-discount rate of 2%
-expected long-term rate of return on plan assets of 6.5%
-rate of compensation increase of 4%

2 Due from Manitoba Health (Out of Globe)

Any operating surplus related to Out of Globe funding arrangements or operating surpluses greater than 2% of budget related to In Globe funding arrangements for the year is carried on the balance sheet as a payable due to Manitoba Health until such time as Manitoba Health reviews the financial statements. At that time Manitoba Health determines what portion of the approved surplus may be retained by the Parkland Regional Health Authority Inc. or repaid to Manitoba Health.

Conversely, any operating deficit related to Out of Globe funding arrangements is carried on the balance sheet as a receivable from Manitoba Health until Manitoba Health reviews the financial statements. At that time Manitoba Health submits their final funding approvals which indicate the portion of the deficit that will be paid to the Parkland Regional Health Authority Inc. Effective in 1992 the Province of Manitoba implemented a no deficit recovery policy which, subject to an appeal by the Regional Health Authority, stipulates that Manitoba Health will not fund deficits related to In Globe funding arrangements. Any unapproved costs not paid by Manitoba Health are absorbed by the Regional Health Authority.

3. Capital Assets

	2001			2000		
	Cost	Accumulated Amortization	Net Book Value	Cost	Accumulated Amortization	Net Book Value
Land	$ 586,685	$ -	$ 586,685	$ 586,685	$ -	$586,685
Buildings	67,668,602	22,430,237	45,238,365	68,234,243	22,412,751	45,821,492
Major equipment	21,691,856	15,773,381	5,918,475	21,150,889	14,949,097	6,201,792
Construction in progress	6,397,304	-	6,397,304	10,154,729	-	10,154,729
	$ 96,344,447	$ 38,203,618	$ 58,140,829	$ 100,126,546	$ 37,361,848	$ 62,764,698

4. Long-term Debt

	2001	2000
Mortgage Payable Held by the Canada Mortgage & Housing Corporation, bearing interest at a rate of 9.625% and payments of $7,044 per month including interest and principal.	**$ 982,961**	$ 990,091
Debenture Payable Held on behalf of Dauphin Regional Health Centre by Manitoba Health at 15.75%, due 31/08/01, repayable $2,824 principal and interest monthly.	**23,000**	46,000
Debenture Payable Held on behalf of Dauphin Regional Health Centre by Manitoba Health at 10.125%, due 02/08/08, repayable $216,204 principal and interest monthly. The principle portion of the payments are held in a sinking fund which is also held on behalf of Dauphin Regional Health Centre by Manitoba Health. The balance of the sinking fund as at the year end was $9,452,132 which is reflected on the balance sheet under temporary investments.	**20,550,000**	20,550,000
Mortgage Payable Held by Canada Mortgage & Housing Corporation at 8.00%. Security consists of a first mortgage on buildings, a letter of comfort from Manitoba Health, a promissory note signed by the facility and a borrowing resolution signed by the facility. Repayments of $2,679 principal and interest monthly.	**356,417**	360,350
Bank Loan Payable Held by Dauphin CIBC on behalf of the of Parkland Regional Authority - CIBC prime less 1/2%. Repayable $6,155 per month plus interest.	**601,505**	675,365
Debenture Payable Held on behalf of Gilbert Plains Health Centre Inc. by Manitoba Health at 11.13%, repayable $80,450 principal and interest annually.	**643,600**	724,050
Mortgage Payable Held by Canada Mortgage & Housing Corporation at 8.00%. Security consists of a first mortgage on buildings, a letter of comfort from Manitoba Health, a promissory note signed by the facility and a borrowing resolution signed by the facility. Repayable $2,245 principal and interest monthly.	**291,191**	295,046

4. Long-term Debt (continued)

	2001	2000
Bank Loan Payable Held by Dauphin CIBC - CIBC prime less 1/2%, repayable $2,115 principle plus interest monthly, due July 30, 2003.	**59,086**	84,466
Mortgage Payable Held by Canada Mortgage & Housing Corporation - 9.625%. Security consists of a first mortgage on buildings, a letter of comfort from Manitoba Health, a promissory note signed by the facility and a borrowing resolution signed by the facility. Repayable $2,336 principal and interest monthly.	**326,770**	329,062
Loan Payable Held by the Royal Bank of Canada. Interest charged at the lower of Royal Bank's flex financing rate and Royal Bank prime. Repayable $3,455 principal monthly plus interest.	**109,000**	147,000
Debenture Payable Held on behalf of Hopital General - Ste. Rose - General Hospital by Manitoba Health at 13.63%, due 15/11/03, repayable $24,000 principal annually plus interest.	**66,000**	90,000
Loan Payable Repayable $555 principal and interest monthly.	**-**	7,047
Mortgage Payable Held by Bank of Nova Scotia at 6.19%, due 01/01/02, repayable $4,073 principal and interest monthly.	**494,872**	512,956
Bank Loan Held by the Dauphin Plains Credit Union 6.25%. Principal payments in amount of $478 are being made monthly plus interest. Loan to mature in 2000.	**-**	1,893
Mortgage Payable Held by Canada Mortgage & Housing Corporation at 6.375%. Security consists of a first mortgage on buildings, a letter of comfort from Manitoba Health, a promissory note signed by the facility and a borrowing resolution signed by the facility. Repayable $3,688 principal and interest monthly.	**485,306**	498,567
Loan Payable Held by Toronto Dominion Bank, interest at prime less .50%, repayable at $1,530 per month plus interest retroactive to September 1997.	**109,978**	128,338

4. **Long-term Debt (continued)**

	2001	2000
Loan Payable Held by Toronto Dominion Bank, repayable $5,673 per month including interest at prime less .50%, secured by equipment.	**37,974**	101,039
Loan Payable Held by Toronto Dominion Bank, repayable $1,275 per month including interest at prime less .50%, secured by equipment.	**8,528**	22,700
Loan Payable Held by the Canada Mortgage and Housing Corporation, repayable $3,124 per month including interest at 7.25%, 01/12/22.	**415,827**	423,539
Loan Payable Held by Toronto Dominion Bank, interest at prime less .50%. No fixed repayment terms.	**142,746**	164,765
Mortgage Payable Held by the Dauphin Plains Credit Union, repayable $14,105 per month plus interest at 6.25%	**1,533,628**	-
Mortgage Payable Held by Canada Mortgage & Housing Corporation, repayable $2,235 per month plus interest at 8.00%.	**292,782**	293,135
	27,531,171	26,445,409
Amount due within one year included in current liabilities	**522,238**	431,575
	$ 27,008,933	$ 26,013,834

Principal repayments required in each of the next five years are estimated as follows:

2001	$ 522,238
2202	391,618
2003	325,616
2004	303,185
2005	264,423
Thereafter	25,724,091
	$ 27,531,171

5. Deferred Contributions

Deferred contributions represent restricted capital funding received from Manitoba Health or donations received from other sources restricted for the purchase of depreciable capital assets.

6. Economic Dependence

The Parkland Regional Health Authority Inc. received 88% of its total revenue for the year ended March 31, 2001 from Manitoba Health.

7. Comparative Amounts

The prior year's figures have been restated to include the full consolidation of the contract facilities in order to conform with the presentation adopted for the current year.

8. Regional Health Costs

Corporate office salaries		$ 653,212		
Corporate office benefits		92,861		
Expenses paid on behalf of facilities			82,884	
Board expenses	75,285			
Medical recruitment				12,270
Nursing formal education		120,488		
Other	338,569			
				$ 1,375,569

9. Manitoba Health Operating Income

Budgeted items	$ 67,615,493	
Current adjustments		1,766,251
Past adjustments	(1,234,070)	
Non-budgeted items	570,387	
	$ 68,718,061	

Auditors' Comments on Supplementary Financial Information

To the Board of Directors of
PARKLAND REGIONAL HEALTH AUTHORITY INC.

The audited financial statements of the Parkland Regional Health Authority Inc. as at March 31, 2001 and our report thereon dated June 15, 2001 are presented in the preceding section of this annual report.

The financial information presented hereinafter was derived from the accounting records tested by us as part of the auditing procedures followed in our examination of the financial statements and, in our opinion, it is fairly presented in all material respects in relation to the financial statements taken as a whole.

BDO Dunwoody LLP

Chartered Accountants

Winnipeg, Manitoba
June 15, 2001

PARKLAND REGIONAL HEALTH AUTHORITY INC.
Schedule of Consolidated Operations

For the year ended March 31 2001

	Devolved Facilities	Contract Facilities	Consolidated Total
Revenue			
Manitoba Health operating income	$ 47,750,474	$ 20,967,587	$ 68,718,061
Patient income	2,470,434	3,576,951	6,047,385
Other income	1,954,152	780,105	2,734,257
	52,175,060	25,324,643	77,499,703
Expenses			
Acute care expenses	14,810,275	11,764,517	26,574,792
Long-term care services	9,338,770	13,127,272	22,466,042
Community - homecare assistance	8,129,695	177,859	8,307,554
Community - health services	7,067,831	-	7,067,831
Community - diagnostic services	3,649,988	-	3,649,988
Interest on long-term debt	2,728,215	239,318	2,967,533
Regional health costs	1,375,569	-	1,375,569
Medical remuneration	2,187,327	351,210	2,538,537
Land ambulance	847,805	-	847,805
Parkland Regional Hospital Laundry expenses	741,604	-	741,604
Community - therapy services	554,930	-	554,930
Loss on disposal of building and service equipment	-	434,652	434,652
	51,432,009	26,094,828	77,526,837
Excess of revenue before amortization of deferred contributions and of capital assets	743,051	(770,185)	(27,134)
Amortization of deferred contributions	2,161,370	771,262	2,932,632
Amortization of capital assets	(2,221,599)	(942,821)	(3,164,420)
	(60,229)	(171,559)	(231,788)
Excess of revenue for the year	$ 682,822	$ (941,744)	$ (258,922)

PARKLAND REGIONAL HEALTH AUTHORITY INC.

Non-consolidated Financial Statements
For the year ended March 31, 2001

PARKLAND REGIONAL HEALTH AUTHORITY INC.

Non-consolidated Financial Statements
For the year ended March 31, 2001

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Auditors' Report

To the Board of Directors
PARKLAND REGIONAL HEALTH AUTHORITY INC.

We have audited the non-consolidated balance sheet of **PARKLAND REGIONAL HEALTH AUTHORITY INC.** as at March 31, 2001 and the non-consolidated statements of changes in net assets, operations and cash flows for the year then ended. These financial statements are the responsibility of the Parkland Regional Health Authority Inc.'s management. Our responsibility is to express an opinion on these financial statements based on our audit.

We conducted our audit in accordance with Canadian generally accepted auditing standards. Those standards require that we plan and perform an audit to obtain reasonable assurance whether the financial statements are free of material misstatement. An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements. An audit also includes assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall financial statement presentation.

In our opinion, these non-consolidated financial statements present fairly, in all material respects, the financial position of the Parkland Regional Health Authority Inc. as at March 31, 2001 and the results of its operations and its cash flows for the year then ended in accordance with Canadian generally accepted accounting principles except that they are prepared on a non-consolidated basis as explained in the accompanying summary of significant accounting policies.

Chartered Accountants

Winnipeg, Manitoba
June 15, 2001

PARKLAND REGIONAL HEALTH AUTHORITY INC.
Non-consolidated Balance Sheet

March 31	2001	2000
Assets		
Current Assets		
Cash and bank	$ 4,466,515	$ 5,669,927
Temporary Investments	11,627,046	10,417,753
Deferred Benefit Entitlement (Note 1)	3,030,824	2,704,522
Accounts receivable	717,808	2,537,936
Due from Manitoba Health (Note 2)	2,830,222	(1,588,427)
Inventories	879,745	892,550
Prepaid expenses	531,816	180,693
	24,083,976	20,814,954
Deferred Benefit Entitlement (Note 1)	1,753,554	151,497
Capital assets (Note 3)	37,584,708	38,234,725
Trust assets	29,888	20,073
	$ 63,452,126	$ 59,221,249
Liabilities and Net Assets		
Current Liabilities		
Lines of credit (Note 4)	$ 5,650,896	$ 4,913,601
Accounts payable and accrued liabilities	3,319,206	2,765,512
Deferred Benefit Entitlement (Note 1)	3,030,824	2,704,522
Current portion of long-term debt (Note 5)	217,733	192,830
	12,218,659	10,576,465
Long-term debt (Note 5)	23,290,027	23,532,538
Deferred Benefit Entitlement (Note 1)	1,753,554	151,497
Deferred contributions (Note 6)	22,338,936	21,802,236
Trust liabilities	29,888	20,273
	59,631,064	56,083,009
Net Assets		
Net assets invested in capital assets (Note 7)	(23,483)	36,746
Net assets internally restricted (Note 8)	602,223	685,292
Unrestricted net assets	3,242,322	2,416,202
	3,821,062	3,138,240
	$ 63,452,126	$ 59,221,249

On behalf of the Board:

_____ Director

_____ Director

The accompanying summary of significant accounting policies and notes are an integral part of these financial statements.

PARKLAND REGIONAL HEALTH AUTHORITY INC.
Non-consolidated Statement of Changes in Net Assets

For the year ended March 31

	Invested in Capital Assets	Internally Restricted	Unrestricted	2001	2000
Balance, beginning of year as previously reported	$ 36,746	$ 685,292	$ 2,416,202	$ 3,138,240	$ 11,102,255
Prior period adjustment	-	-	-		-(8,913,593)
Balance, beginning of year, as restated	36,746	685,292	2,416,202	3,138,240	2,188,662
Excess of revenue (expenses) for the year	(60,229)	(83,069)	826,120	682,822	949,578
Balance, end of year	$ (23,483)	$ 602,223	$ 3,242,322	$ 3,821,062	$ 3,138,240

PARKLAND REGIONAL HEALTH AUTHORITY INC.
Non-consolidated Statement of Operations

For the year ended March 31	2001	2000
Revenue		
Manitoba Health operating income (Note 9)	$ 47,750,474	$ 44,001,694
Other income	1,954,152	2,980,864
Patient income	2,470,434	2,437,046
Ancilliary income	837,259	833,261
	53,012,319	50,252,865
Expenses		
Acute care expenses	15,325,679	14,533,951
Long-term care services	9,660,625	9,042,260
Community - homecare assistance	8,129,695	7,505,474
Community - health services	7,067,831	5,886,125
Community - diagnostic services	3,649,988	3,100,718
Interest on long-term debt	2,728,215	2,434,048
Medical remuneration	2,187,327	2,146,430
Regional health costs (Note 13)	1,375,569	1,244,230
Year 2000 expenses	-	1,223,806
Land ambulance	847,805	759,848
Ancillary expenses	741,604	748,955
Community - therapy services	554,930	532,932
	52,269,268	49,158,777
Excess of revenue before amortization of deferred contributions and of capital assets	743,051	1,094,088
Amortization of deferred contributions	2,161,370	1,803,629
Amortization of capital assets	(2,221,599)	(1,948,139)
	(60,229)	(144,510)
Excess of revenue for the year	$ 682,822	$ 949,578

The accompanying summary of significant accounting policies and notes are an integral part of these financial statements.

PARKLAND REGIONAL HEALTH AUTHORITY INC.
Non-consolidated Statement of Cash Flows

For the year ended March 31	2001	2000
Cash Flows from Operating Activities		
Deficiency of revenue over expenses for the year	$ 682,822	$ 949,578
Items not involving cash		
Amortization of deferred contributions	(2,161,370)	(1,803,629)
Amortization of capital assets	2,221,599	1,948,139
	743,051	1,094,088
Changes in non-cash working capital balances		
Trust assets	(9,815)	5,559
Temporary investments	(1,209,293)	(1,174,378)
Lines of credit	737,295	2,961,741
Trust liabilities	9,616	(5,559)
Accounts receivable	1,820,128	117,292
Due from Manitoba Health	(4,418,649)	
Inventories	12,805	(103,953)
Prepaid expenses	(351,123)	262,292
Accounts payable	553,694	1,312,496
	(2,112,291)	4,469,578
Cash Flows from Investing Activities		
Increase of capital assets	(1,571,383)	(6,806,143)
Increase in deferred contributions	2,698,070	3,337,301
Increase (decrease) in long-term debt	(217,608)	642,691
	909,079	(2,826,151)
Increase (decrease) in cash and cash equivalents	(1,203,212)	1,643,427
Cash and cash equivalents, beginning of year	5,669,727	4,026,300
Cash and cash equivalents, end of year	$ 4,466,515	$ 5,669,727

PARKLAND REGIONAL HEALTH AUTHORITY INC.
Summary of Significant Accounting Policies

March 31, 2001

Nature and Purpose of Organization

The Parkland Regional Health Authority Inc. is a non-profit organization incorporated without share capital under the laws of Manitoba. The Parkland Regional Health Authority Inc. is involved in the provision of health care services to persons resident in the Parkland Region.

The Parkland Regional Health Authority Inc. is a registered charity and, as such, is exempt from income tax and may issue income tax receipts to donors.

Basis of Accounting

These financial statements were prepared using the accrual basis of accounting. The accrual basis recognizes revenues as they become available and measurable; expenditures are recognized as they are incurred and measurable as a result of receipts of goods or services and the creation of a legal obligation to pay.

Revenue Recognition

The Parkland Regional Health Authority Inc. follows the deferral method of accounting for contributions. Restricted contributions are recognized as revenue in the year in which the related expenses are incurred. Unrestricted contributions are recognized as revenue when received or receivable if the amount to be received can be reasonably estimated and collection is reasonably assured.

Restricted investment income is recognized as an increase in deferred contributions when earned. Unrestricted investment income is recognized as revenue when earned.

Basis of Reporting

These financial statements include the accounts of all devolved not-for-profit organizations of the Parkland Regional Health Authority Inc. All significant inter departmental transactions have been eliminated. Parkland Regional Health Authority Inc. also controls other entities in the region through service provision contracts. A consolidated financial statement encompassing all controlled entities has been prepared. Readers are cautioned that these financial statements have been prepared for the specific use of the Parkland Regional Health Authority Inc.'s board of directors and may not contain all necessary information for general use.

The assets, liabilities, and operations of the following controlled not-for-profit operations have been included in these financial statements:

Devolved Facilities:

Dauphin Regional Health Centre
Roblin District Health Centre
Gilbert Plains Health Centre
Grandview Hospital District
Dauphin & District Ambulance Service
Roblin & District Ambulance Service
Grandview Personal Care Home
Parkland Regional Hospital Laundry Ltd.

The Parkland Regional Health Authority Inc. also receives funding from independent organizations, which organize fund-raising drives in various geographic areas exclusively for the use of the Parkland Regional Health Authority Inc. or its related entities. The extent of any funding provided by these independent entities is solely at the discretion of the board of directors of the independent entities.

Financial Instruments

The Parkland Regional Health Authority Inc.'s financial instruments consist of cash, accounts receivable, temporary investments, accounts payable, amounts due to (from) Manitoba Health and long-term debt. Unless otherwise noted, it is management's opinion that the Parkland Regional Health Authority Inc. is not exposed to significant interest, currency or credit risks arising from these financial instruments. The fair values of these financial instruments approximate their carrying values, unless otherwise noted.

Temporary Investments

Temporary investments are stated at the lower of cost and market value.

Inventories

Inventories are stated at the lower of cost and replacement cost. Cost is generally determined on the first-in, first-out basis.

Capital Assets

Purchased capital assets are recorded at cost. Amortization based on the estimated useful life of the asset is calculated as follows:

Buildings	20 to 40 years straight-line basis
Major equipment	4 to 20 years straight-line basis

1. Deferred Benefit Entitlement

Certain accrued employee benefit costs, including vacation pay, unused statutory holiday pay, unpaid overtime and pre-retirement leave are recorded in accordance with the policy determined by Manitoba Health. This policy is to record the change in the amount of both the accrued liability for these costs and the related amount receivable from Manitoba Health.

The pre-retirement benefits are determined by actuarial valuation. The latest actuarial valuation of the pre-retirement value as of December 31, 2000 reports an obligation of $1,855,149. The plan is unfunded; however, the obligation is covered by Manitoba Health resulting in a nil surplus or deficit at March 31, 2001. $83,069 of benefits were paid from the plan in the current year. No contributions by the employees or employer were made during the year. The assumptions in the valuation report are as follows:

-discount rate of 2%
-expected long-term rate of return on plan assets of 6.5%
-rate of compensation increase of 4%

2 Due from (to) Manitoba Health

Any operating surplus related to Out of Globe funding arrangements or operating surpluses greater than 2% of budget related to In Globe funding arrangements for the year is carried on the balance sheet as a payable due to Manitoba Health until such time as Manitoba Health reviews the financial statements. At that time Manitoba Health determines what portion of the approved surplus may be retained by the Parkland Regional Health Authority Inc. or repaid to Manitoba Health.
Conversely, any operating deficit related to Out of Globe funding arrangements is carried on the balance sheet as a receivable from Manitoba Health until Manitoba Health reviews the financial statements. At that time Manitoba Health submits their final funding approvals which indicate the portion of the deficit that will be paid to the Parkland Regional Health Authority Inc. Effective in 1992 the Province of Manitoba implemented a no deficit recovery policy which, subject to an appeal by the Regional Health Authority, stipulates that Manitoba Health will not fund deficits related to In Globe funding arrangements. Any unapproved costs not paid by Manitoba Health are absorbed by the Regional Health Authority.

3. Capital Assets

	2001			2000		
	Cost	Accumulated Amortization	Net Book Value	Cost	Accumulated Amortization	Net Book Value
Land	$ 311,161	$ -	$ 311,161	$ 311,161	$	311,161
Buildings	44,328,740	15,256,829	29,071,911	39,660,467	14,292,354	25,368,113
Major equipment	15,861,752	11,863,885	3,997,867	15,129,257	11,035,112	4,094,145
Buildings used by contract facilities *	4,401,916	220,096	4,181,820	4,230,653	-	4,230,653
Construction in progress	21,949	-	21,949	4,230,653	-	4,230,653
	$ 64,925,518	$ 27,340,810	$ 37,584,708	$ 63,562,191	$ 25,327,466	$ 38,234,725

* Included in the assets of Parkland Regional Health Authority Inc. are buildings are utilized by Swan River Valley Hospital in the delivery of their services. In accordance with the Service Purchase Agreement, assets purchased in whole or in part with funding provided by the Parkland Regional Health Authority Inc. remain assets of the Regional Health Authority. Swan River Valley Hospital is also reporting these assets in their financial statements.

4. Lines of Credit

The Parkland Regional Health Authority Inc.'s bank accounts are held at one chartered bank. Dauphin Regional Health Centre's bank lines of credit total $1,519,350 and bear interest 4.88%. Parkland Regional Health Authority has a line of credit of $4,131,546, which bears interest at 7.5%.

5. Long-term Debt

	2001	2000
Mortgage Payable Held by the Canada Mortgage & Housing Corporation, bearing interest at a rate of 9.625% and payments of $7,044 per month including interest and principal.	**$ 982,961**	$ 990,091
Debenture Payable Held on behalf of Dauphin Regional Health Centre by Manitoba Health at 15.75%, due 31/08/01, repayable $2,824 principal and interest monthly.	**23,000**	46,000
Debenture Payable Held on behalf of Dauphin Regional Health Centre by Manitoba Health at 10.125%, due 02/08/08, repayable $216,204 principal and interest monthly. The principle portion of the payments are held in a sinking fund which is also held on behalf of Dauphin Regional Health Centre by Manitoba Health. The balance of the sinking fund as at the year-end was $10,548,519, which is reflected on the balance sheet under temporary investments.	**20,550,000**	20,550,000
Mortgage Payable Held by Canada Mortgage & Housing Corporation at 8.00%. Security consists of a first mortgage on buildings, a letter of comfort from Manitoba Health, a promissory note signed by the facility and a borrowing resolution signed by the facility. Repayments of $2,679 principal and interest monthly.	**356,417**	360,350
Bank Loan Payable Held by Dauphin CIBC on behalf of Parkland Regional Health Authority - CIBC prime less 1/2%. Repayable $6,155 per month plus interest.	**601,505**	675,365
Debenture Payable Held on behalf of Gilbert Plains Health Centre Inc. by Manitoba Health at 11.13%, repayable $80,450 principal and interest annually.	**643,600**	724,050
Mortgage Payable Held by Canada Mortgage & Housing Corporation at 8.00%. Security consists of a first mortgage on buildings, a letter of comfort from Manitoba Health, a promissory note signed by the facility and a borrowing resolution signed by the facility. Repayable $2,245 principal and interest monthly.	**291,191**	295,046

5. Long-term Debt (continued)

Bank Loan Payable Held by Dauphin CIBC - CIBC prime less 1/2%, repayable $2,115 principal plus interest monthly, due July 30, 2003.	**59,086**	84,466
	23,507,760	23,725,368
Amount due within one year included in current liabilities	**217,733**	192,830
	$ 23,290,027	$ 23,532,538

Principal repayments required in each of the next five years and thereafter are estimated as follows:

2002	$ 217,733
2003	195,487
2004	179,239
2005	171,779
2006	172,707
Thereafter	22,570,815
	$ 23,507,760

6. Deferred Contributions

Deferred contributions represent restricted capital funding received from Manitoba Health or donations received from other sources restricted for the purchase of depreciable capital assets.

	Spent	Unspent	Other	2001	2000
Balance, beginning of year	$ 20,902,970	$ 779,356	$ 119,910	$ 21,802,236	$ 20,268,564
Contribution	1,614,915	213,045	2,906	1,830,866	3,006,401
Amortization	(2,161,370)	-	-	(2,161,370)	(1,803,629)
Capital asset purchases	867,204	-	-	867,204	330,900
Balance, end of year	$ 21,223,719	$ 992,401	$ 122,816	$ 22,338,936	$ 21,802,236

7. Net Assets Invested in Capital Assets

	2001	2000
Cash	**(5,924,733)**	(5,337,262)
Temporary investments	**10,823,138**	9,753,392
Capital assets	**37,584,708**	38,234,725
Due to (from) MB Health	**2,709,942**	1,399,105
Accounts Receivable	**4,603**	2,894
Accounts payable	**(436,017)**	(41,608)
Long-term debt	**(22,906,255)**	(23,050,003)
Deferred contributions	**(22,270,268)**	(21,805,019)
Due (to) from operating fund	**391,399**	880,522
	$ (23,483)	$ 36,746

8. Net Assets Internally Restricted

Represents donations received which do not have a specified purpose. The Board restricts the donations in accordance with the community, which provided the donation in order to ensure that the donations are used to support the health programs of that same community.

9. Manitoba Health operating income

	2001	2000
Budgeted items	**$ 46,991,235**	$ 45,643,420
Current adjustments	**1,292,277**	(167,120)
Past adjustments	**(1,103,425)**	(780,694)
Non-Budgeted items	**570,387**	256,086
In Globe adjustment	**-**	(950,000)
	$ 47,750,474	$ 44,001,692

10. Economic Dependence

The Parkland Regional Health Authority Inc. received 90% of its total revenue for the year ended March 31, 2001 from Manitoba Health.

11. Healthcare Insurance Reciprocal of Canada

On July 1, 1987, a group of health care organizations, ("subscribers"), formed Healthcare Insurance Reciprocal of Canada ("HIROC"). HIROC is registered as a Reciprocal pursuant to provincial Insurance Acts, which permit persons to exchange with other persons reciprocal contracts of indemnity insurance. HIROC facilitates the provision of liability insurance coverage to health care organizations in the provinces of Ontario, Manitoba, Saskatchewan, and Newfoundland. Subscribers pay annual premiums, which are actuarially determined, and are subject to assessment for losses in excess of such premiums, if any, experienced by the group of subscribers for the years in which they were a subscriber. No such assessments have been made to March 31, 2001.

12. Comparative Amounts

The prior year's figures have been restated to conform with the presentation adopted for the current year.

13. Regional Health Costs

	2001	2000
Corporate office salaries	$ 653,212	$ 616,510
Corporate office benefits	92,861	97,656
Expenses paid on behalf of facilities	82,884	105,496
Board expenses	75,285	72,039
Medical recruitment	12,270	
Regional accreditation expenses	-	22,005
Grants	-	12,500
Nursing formal education	120,488	
Other	338,569	318,024
	$ 1,375,569	$ 1,244,230

Auditors' Comments on Supplementary Financial Information

To the Board of Directors of
PARKLAND REGIONAL HEALTH AUTHORITY INC.

The audited financial statements of the Parkland Regional Health Authority Inc. as at March 31, 2001 and our report thereon dated June 15, 2001 are presented in the preceding section of this annual report.

We have made an examination to determine whether the Parkland Regional Health Authority Inc. complied with the provisions of Bill 57 of the Public Sector Compensation Disclosure Act as at December 31, 2000. Our examination was made in accordance with generally accepted auditing standards, and accordingly included tests and other procedures as considered necessary in the circumstances.

In our opinion, the Parkland Regional Health Authority Inc. has complied, in all significant respects, with the provisions of Bill 57 during the year ended December 31, 2000.

Chartered Accountants

Winnipeg, Manitoba
June 15, 2001

PARKLAND REGIONAL HEALTH AUTHORITY INC.
Non-consolidated Schedule of Compensation over $50,000

For the year ended December 31, 2000

Name	Position	Amount
Adamchuk, D.	Registered Nurse	55,675
Arthurs, M.	Registered Nurse	53,324
Beasse, F.	Registered Nurse	53,058
Beasse, P.	Registered Nurse	51,068
Bulloch, J.	Registered Nurse	55,832
Campbell, G.	Registered Nurse	57,511
Chudobiak, J.	Registered Nurse	50,781
Davidson, P.	Registered Nurse	50,684
Dzikowski, V.	Registered Nurse	50,373
Fisher, J.A.	Registered Nurse	63,446
Gamache, L.	Registered Nurse	54,359
Gattinger, G.	Regional HR Manager	61,873
Graham, L.	Registered Nurse	53,952
Gryba, J.	Site Manager	52,827
Gulewich, M.	Registered Nurse	50,834
Hackenschmidt, G.	V-P Corporate Services	72,742
Hammell, W.	Director Community Health Services	58,157
Hess, M.	Pharmacy Manager	73,215
Hopfner, C.	Site Manager	52,594
Hrynkiw, P.	V-P Community Health	80,721
Hunter, P.	Registered Nurse	52,373
Isidoro, P.M.	Registered Nurse	53,969
Jerome, C.	Site Manager	57,987
Kerswell, B.C.	Acute Care Manager	54,079
Killiam, A.	Medical Technologist	52,040
Kindrat, E.	Medical Technologist	54,496
Korchak, H.	Registered Nurse	52,338
Koversky, A.	Registered Nurse	51,470
Ledieu, E.	West District Director	61,258
Lopez, W.	Registered Nurse	59,948
Lukianchuk, L.	Registered Nurse	65,501
McCannell, B.	Director of Continuing Care	54,705
McGregor, B.	Registered Nurse	53,999
McPhail, K.	Acute Care Manager	61,763
Meadows, G.	Director of Mental Health Services	57,903
Muzyka, T.	Registered Nurse	53,832
Neill, J.	Registered Nurse	55,406
Norman, D.	Registered Nurse	51,210
Novak, C.	Medical Technologist	53,560
Nykiforuk, D.	Registered Nurse	53,643
Olynick, A.	Long-term Care Program Manager	58,446
O'Neill, G.	Support Services Manager	50,126
Parker, C.	Medical Technologist	53,626
Pederson, M.	Pharmacist	53,367
Peterson, W.	Registered Nurse	53,192
Pitts, B.	Medical Technologist	51,139
Pomozybida, J.	L.P.N.	53,098
Powell, M.	Site Manager	51,094

Pryce, K.	Registered Nurse	57,290
Quon, G.	Registered Nurse	50,700
Remillard, A.	Chief Executive Officer	108,515
Rozak, L.	Registered Nurse	57,798

PARKLAND REGIONAL HEALTH AUTHORITY INC.
Non-consolidated Schedule of Compensation over $50,000

For the year ended December 31, 2000

Name	Position	Amount
Schur, H.J.	Registered Nurse	51,147
Sherrer, P.	Registered Nurse	54,418
Slimmon, E.	Diagnostic Service Manager	52,923
Smith, J.	Site Manager	57,987
Stevenson, D.	Registered Nurse	50,086
Sweetman, H.	Registered Nurse	50,788
Tanasichuk, M.	Registered Nurse	51,316
Tordon, K.	Registered Nurse	51,599
Valcourt, R.	Registered Nurse	68,429
Watt-Dorscheid, S.	Registered Nurse	50,708
Westberg, E.	Central District Director	68,000
Williams, S.	Registered Nurse	54,457
Winters, E.	Registered Nurse	60,18